

L15000029554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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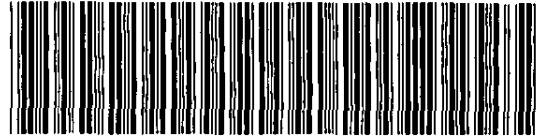
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB 18 2015
T. HAMPTON

CT

February 17, 2015

Department of State, Florida
Clifton Building
2611 Executive Center Circle
Tallahassee FL 32301

Re: Order #: 9445382 SO
Customer Reference 1: 66716/276717
Customer Reference 2:

Dear Department of State, Florida :

Please obtain the following:

KENDALL CARE SERVICES, LLC (FL)
Formation
Florida

KENDALL CARE SERVICES, LLC (FL)
Cert Copy of Articles of Org
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092 .

Thank you very much for your help.

Sincerely,

Connie R Bryan
Senior Fulfillment Specialist
Connie.Bryan@wolterskluwer.com

ARTICLES OF ORGANIZATION
OF
KENDALL CARE SERVICES, LLC

ARTICLE I: - Name

The name of the Limited Liability Company is: **KENDALL CARE SERVICES, LLC**

ARTICLE II: - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

12002 S.W. 128th Court
Suite 204
Miami, Florida 33186

ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida street address of the registered agent are:

NRAI Services, Inc.
1200 South Pine Island Road
Plantation, Florida 33324

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

NRAI Services, Inc., Registered Agent

By: Michele Holden
Name: Michele Holden
Title: Assistant Secretary

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TALLAHASSEE, FLORIDA

ARTICLE IV: - Management

The name and address of the person authorized to manage and control the limited liability company is as follows:

<u>Title:</u>	<u>Name and Address:</u>
AMBR	Milton A. Jimenez, M.D. 12002 S.W. 128 th Court Suite 204 Miami, Florida 33186

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on February 17, 2015.



Milton A. Jimenez, M.D., Authorized Signer

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in Section 817.155, Florida Statutes.)

Milton A. Jimenez, M.D.

Typed or printed name of signee

{30340446;1}

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TALLAHASSEE, FLORIDA