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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

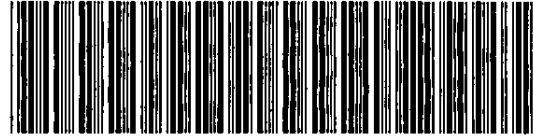
(Business Entity Name)

(Document Number)

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2015 MAR -9 PM 12:38
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

N. Cuffigan MAR 25 2015

***Executive Medical Solution, LLC
4300 N. Ocean Blvd, Unit 19D
Fort Lauderdale, FL 33308
571-212-7070***

March 3, 2015

Registration Section
Division of Corporations
P.O. Box 6327
Clifton Building
Tallahassee, FL 32314

SUBJECT: Articles for Organization for Executive Medical Solutions, LLC

Dear Sirs:

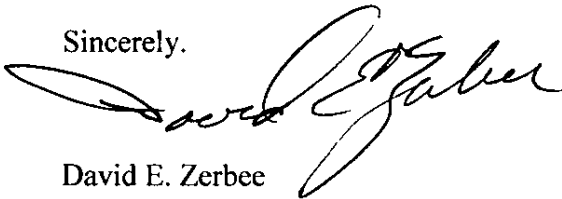
The enclosed Articles of Organization and fee(s) are submitted for filing with a check in the amount of \$125.00. Please return all correspondence concerning this matter to the following:

David E. Zerbee
4300 N. Ocean Blvd, Suite 19D
Fort Lauderdale, FL 33308

This address is also to be used for future annual report notification.

For further information concerning this matter, please call me at 571-212-7070.

Sincerely,

A handwritten signature in black ink, appearing to read "David E. Zerbee", written in a cursive style. The signature is positioned above the printed name "David E. Zerbee".

David E. Zerbee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF
ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

Name: The name of the Limited Liability Company is:

Executive Medical Solution, LLC

ARTICLE II

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

Principal Office Address: 4300 N. Ocean Blvd. Suite 19D

Fort Lauderdale, FL 33308

Mailing Address: 4300 N. Ocean Blvd. Suite 19D

Fort Lauderdale, FL 33308

ARTICLE III

Registered Agent, Registered Office, & Registered Agent's Signature:

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

Name: David E. Zerbee

Florida street address: 4300 N. Ocean Blvd, Suite 19D

City, State, and Zip: Fort Lauderdale, FL 33308

(CONTINUED)

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..

Registered Agent's Signature: _____

David E. Zerbee

ARTICLE IV

Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: Managing Member (MGRM)

Name / Address: David E. Zerbee, MGRM,

4300 N. Ocean Blvd, Suite 19D Fort Lauderdale, FL 33308

ARTICLE V

Effective date should be the date of filing.

SIGNATURE: _____

David E. Zerbee

Signature of a member or an authorized representative of a member.

(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 s.817.155, F.S.)

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STATE
TALLAHASSEE FL FLORIDA