L15000)200060			
(Requestor's Name) (Address) (Address)	900279065529			
(City/State/Zip/Phone #)	11/24/1501016008 **160.00			
(Business Entity Name) (Document Number) Certified Copies Certificates of Status				
Special Instructions to Filing Officer:	IS NOV 24 PH 4:58 SECRETARY OF STATE TAILAHASSEE, FLORIDA			

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COVER LETTER

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	egistration Section Division of Corporations	4
SUBJECT	r: <u>NOSC</u>	E Investments, LLC Name of Limited Liability Company
The enclos	sed Articles of Organizati	on and fee(s) are submitted for filing.
Please retu	im all correspondence co	ncerning this matter to the following:
	Den	nis Fernando Diaz, MD Name of Person
		Name of Person
	NOSO	& Investments, LLC Firm/Company
		redical Center Drive #242
		Address
	Oran	ge City FL 32763
	North	<u>ge City FL 32763</u> City/State and Zip Code Drlando Mgr at CFL-RR.com
	E-mail addr	ress: (to be used for future annual report notification)
For further i	nformation concerning th	is matter, please call:
	<u>^</u>	

Judy Ueltschy at (386) 775-0333 Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee

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> \$130.00 Filing Fee & Certificate of Status

\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)

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\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY



ARTICLE 1 - Name:

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The name of the Limited Liability Company is:



ARTICLE II - Address:

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



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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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



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.

ered Agent's Signature (REQUIRED) Regis (CONTINUED)

Page 1 of 2

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>
"AMBR" = Authorized Member
"MGR" = Manager Pre < 200 nt
Prostdont

Vice President

Name and Address:

Denn 05 Orange City 376 052 $\nabla \mathbf{z}$ Orana

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 11-(9-2015. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REOUIRED SIGNATURE; Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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. Ű NOV 24 <u>s</u> <u>F</u> <u>Diaz</u> <u>MD</u> Typed or printed name of signce ennis Filing Fees: PH 4:58 \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional) Page 2 of 2

IRS DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023

Date of this notice: 11-18-2015

Employer Identification Number: 47-5613147

Form: SS-4

Number of this notice: CP 575 B

NOSG INVESTMENTS DENNIS FERNANDO DIAZ MD MBR 1053 MEDICAL CENTER DRIVE STE 242 ORANGE CITY, FL 32763

For assistance you may call us at: 1-800-829-4933

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IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 47-5613147. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 1065

04/15/2016

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, Accounting Periods and Methods.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

(IRS USE ONLY) 575B

11-18-2015 NOSG B 9999999999 SS-4

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you. You may give a copy of this document to anyone asking for proof of your EIN.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub.

Your name control associated with this EIN is NOSG. You will need to provide this information, along with your EIN, if you file your returns electronically.

Thank you for your cooperation.

	Keep this part for	your records.	CP 575 B (F	Rev. 7-2007)
 Return this part with a so we may identify you correct any errors in y	r account. Please	s.	9999:	CP 575 B 999999
Your Telephone Number () -	Best Time to Call	DATE OF THIS NOTICE: EMPLOYER IDENTIFICATI FORM: SS-4	11-18-2015 ION NUMBER: NOBOD	47-5613147

INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023 NOSG INVESTMENTS DENNIS FERNANDO DIAZ MD MBR 1053 MEDICAL CENTER DRIVE STE 242 ORANGE CITY, FL 32763