

LI 6600 139984

(Requestor's Name)

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(City/State/Zip/Phone #)

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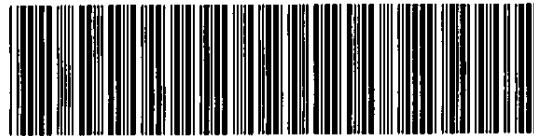
(Business Entity Name)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - Name:

The name of the Limited Liability Company is:

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American Management Consultants of Florida, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

10021 Pines Blvd., Suite 100
Pembroke Pines, Florida 33024

10021 Pines Blvd., Suite 100
Pembroke Pines, Florida 33024

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:

William A. Peña

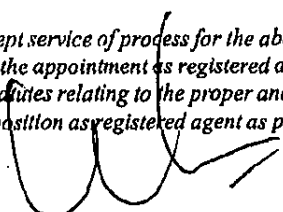
Name

10021 Pines Blvd., Suite 100

Florida street address (P.O. Box **NOT** acceptable)

| | | |
|-----------------------|----------------|--------------|
| <u>Pembroke Pines</u> | <u>Florida</u> | <u>33024</u> |
| City | State | Zip |

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 (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Dr. William A. Peña
10021 Pines Blvd., Suite 100
Pembroke Pines, Florida 33024

MGR

Richelle Peña
10021 Pines Blvd., Suite 100
Pembroke Pines, Florida 33024

MGR

Mary Gruber
10021 Pines Blvd., Suite 100
Pembroke Pines, Florida 33024

MGR

Ramon Sanchez
10021 Pines Blvd., Suite 100
Pembroke Pines, Florida 33024

(Use attachment if necessary)

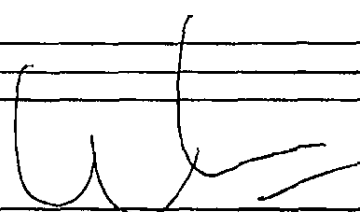
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

REQUIRED 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.

Dr. William A. Peña

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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