

# L16000181181

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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9/27/16

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**FLORIDA LIMITED LIABILITY CO.  
FUNMED, LLC**

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September 28, 2016

FLORIDA DEPARTMENT OF STATE

Division of Corporations  
LAZARUS CORPORATE FILING SERVICE, INC.

SUBJECT: FUNMED, LLC  
REF: W16000066817

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason  
Regulatory Specialist II

FAX Aud. #: H16000240405  
Letter Number: 316A00020867

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

Funmed, LLC

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

**ARTICLE II - Address:**

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

**Principal Office Address:**3363 NE 163rd street, Ste 809  
North Miami Beach, Florida 33160**Mailing Address:**3363 NE 163rd street, Ste 809  
North Miami Beach, Florida 33160**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:

Sandra Moloczniak MD

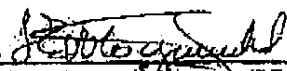
Name

3363 NE 163rd street, Ste 809Florida street address (P.O. Box **NOT** acceptable)North Miami Beach FL 33160

City, State, and Zip

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*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)

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**ARTICLE IV- Manager(s) or Managing Member(s):**

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

**Title:**

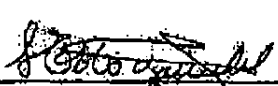
"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**MGRMSandra Moloczniak MD3363 NE 163rd street, Ste 809North Miami Beach, Florida 33160

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: September 27, 2016 (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.)

**REQUIRED SIGNATURE:**  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

(In accordance with section 605 Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Sandra Moloczniak MD

Typed or printed name of signer

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