

L160000205366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600291942006

RECEIVED
DEPARTMENT OF REVENUE
16 NOV - 8 PM 3:11

FILED
16 NOV - 8 PM 1:02

C. GOLDEN

NOV - 9 2016

FLORIDA FILING & SEARCH SERVICES, INC.

**P.O. BOX 10662 TALLAHASSEE, FL 32302
155 Office Plaza Dr Ste A Tallahassee FL 32301
PHONE: (800) 435-9371; FAX: (866) 860-8395**

DATE: 11/8/16

NAME: 1ST ORION MEDICAL, LLC

TYPE OF FILING: ARTICLES

COST: 125.00

RETURN: PLAIN COPY PLEASE

FILED
16 NOV - 8 PM 1:02

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

FILED

16 NOV -8 PM 1:02

**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I NAME

The name of the Limited Liability Company is:

1ST ORION MEDICAL, LLC

ARTICLE II ADDRESS

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

12973 SW 112TH STREET, STE 117

MIAMI, FLORIDA 33186

ARTICLE III REGISTERED AGENT


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

MANOLITO MALDONADO

12973 SW 112TH STREET, STE 117

MIAMI, FLORIDA 33186

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.

X 
MANOLITO MALDONADO / Registered Agent's signature

PAGE 2 1ST ORION MEDICAL, LLC

ARTICLE IV AUTHORIZED PERSON(S)

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

AUTHORIZED MEMBER

MANOLITO MALDONADO

12973 SW 112TH STREET, STE 117

MIAMI, FLORIDA 33186

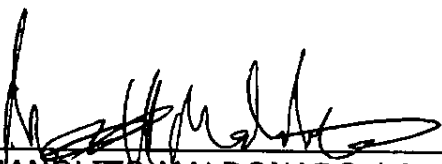
AUTHORIZED MEMBER

JOHNNY RAMAZINI

12973 SW 112TH STREET, STE 117

MIAMI, FLORIDA 33186

FILED
16 NOV -8 PM 1:02

X 

MANOLITO MALDONADO / Authorized Representative's signature

(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.)