

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : AKERMAN LLP - MIAMI
Account Number : 075471001363
Phone : (305) 374-5600
Fax Number : (305) 374-5095

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
MED-1 CARE, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

T. BURCH

MAR 15 2017

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**ARTICLES OF ORGANIZATION
OF
MED-1 CARE, LLC**

ARTICLE I: - Name

The name of the Limited Liability Company is **MED-1 CARE, LLC**

ARTICLE II: - Address

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

**5051 Davidson Highway
Concord, North Carolina
28027**

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

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

**NRAI SERVICES, INC.
1200 S. Pine Island Road
Plantation, FL 33324**

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.

NRAI SERVICES, INC.

By: 

Name:

Madonna Cuddihy

Title:

Special Assistant Secretary

ARTICLE IV: - Management

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

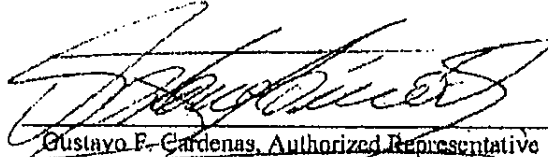
ARTICLE V: - Manager(s)

The name and address of the Initial Managers are as follows:

**Gustavo F. Cardenas
Timothy J. Masud
Jeffrey D. Fischer
Juan Carlos Vela
Jose Fernandez Ramos**

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Gustavo F. Cardenas, Authorized Representative

(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.)

Gustavo F. Cardenas

Typed or printed name of signer

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