

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000079443 3)))



Ht70000794433ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (858)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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

| Address: |          |          |          |          |
|----------|----------|----------|----------|----------|
|          | Address: | Address: | Address: | Address: |

## FLORIDA LIMITED LIABILITY CO. MEDKAR HEALTH CARE LLC

| Certificate of Status | 1        |
|-----------------------|----------|
| Certified Copy        | 0        |
| Page Count            | 03       |
| Estimated Charge      | \$130.00 |

17 MAR 22 AN 8: 54
SECKETARY OF STATE
ALLAHASSEE, FLORID

17 MAR 22 PH 4: 3

Electronic Filing Menu

Corporate Filing Menu

Help

H17000079443

## ARTICLES OF ORGANIZATION FOR

| ARTICLE I - Name: The hame of the Limited Liability Company is: (Must end with the words "Limited Liability Company, "LLC.")                                                                                                                                                                      |                  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------|
|                                                                                                                                                                                                                                                                                                   |                  |
| MEDKAR health care LLC                                                                                                                                                                                                                                                                            |                  |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:  101 west 45 Place  Hiwkah, FL 33012                                                                                                                                    |                  |
| ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entit with an active Florida registration.) | į                |
| KARLA PATRICIA MARCIA                                                                                                                                                                                                                                                                             |                  |
| 1101 West 45 Place                                                                                                                                                                                                                                                                                |                  |
| Higheah FL 33012                                                                                                                                                                                                                                                                                  |                  |
| ARTICLE IV- The name and title of each person authorized to manage and control the Limited Liability Company:                                                                                                                                                                                     |                  |
| Karla Patricia Marcia                                                                                                                                                                                                                                                                             |                  |
| (AMBR)                                                                                                                                                                                                                                                                                            |                  |
| HAR 2                                                                                                                                                                                                                                                                                             | ٠٠.              |
| SES 2                                                                                                                                                                                                                                                                                             | *****;<br>1<br>1 |
| 77 77 77 77 77 77 77 77 77 77 77 77 77                                                                                                                                                                                                                                                            | FI               |
| 型<br>Dir <b>C</b>                                                                                                                                                                                                                                                                                 |                  |
|                                                                                                                                                                                                                                                                                                   |                  |
|                                                                                                                                                                                                                                                                                                   |                  |

H17000079443

## Required Signatures:

Signature of a member or an authorized representative of a member.

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.

Harla Patricia Marcia
Typed or printed name of signee

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)