

**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

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(((H18000003998 3)))



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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : BARRON & REDDING, P.A.
Account Number : 073617000710
Phone : (850) 785-7454
Fax Number : (850) 785-2999

****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.
BEACH MIDWAY MED-EXPRESS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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JAN 04 2018**

2018 JAN -

Fax Audit No. H18000003998 3

**Electronic Articles of Organization
For
Florida Limited Liability Company**

Article I

The name of the Limited Liability Company is:
BEACH MIDWAY MED-EXPRESS, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
201 Forest Park Circle
Panama City, FL 32405

The mailing address of the principal office of the Limited Liability Company is:
201 Forest Park Circle
Panama City, FL 32405

Article III

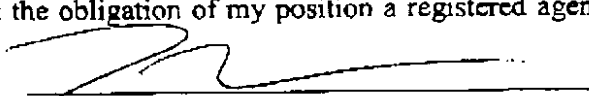
The name and Florida street address of the registered agent is:

BARRON & REDDING, P.A.
220 MCKENZIE AVE.
PANAMA CITY, FL 32401

2018 JAN-4 AM 8:20

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 provision of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position a registered agent as provided for in Chapter 605, F.S.

Registered Agent Signature:


Theodore R. Howell
Authorized Representative

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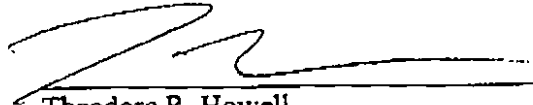
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Article IV

The name and address of the persons authorized to manage LLC:

Title: MGR
Arman Healthcare, LLC
201 Forest Park Circle
Panama City, FL 32405

In accordance with Section 605.0203(1)(b), F.S., the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Secretary of State constitutes a third degree felony as provided for in Section 817.155, F.S.

A handwritten signature in black ink, appearing to read 'Theodore R. Howell', is written over a horizontal line.

Theodore R. Howell
Authorized Agent

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