

1/9/2018

Division of Corporations

L18000006639

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H18000010539 3)))



H180000105393ABC.

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 : (850)617-6381

From:

Account Name : ROSILLO & ASSOCIATES, P.A.
Account Number : I19990000127
Phone : (305)477-5671
Fax Number : (305)477-2640

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.

Ballast Medical Management, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED

JAN 9 2018

FILED
18 JAN -9 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

FILED
18 JAN -9 AM 9:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

((H18000010539 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

The name of the Limited Liability Company is **Ballast Medical Management, LLC.**

ARTICLE II - ADDRESS

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

5335 NW 87th Avenue, Suite C109, #223
Doral, FL, 33178

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE:

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

Omar Montesino Jr.
5335 NW 87th Avenue, Suite C109, #223
Doral, FL, 33178

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.



Omar Montesino Jr.

((H18000010539 3)))

((H18000010539 3)))

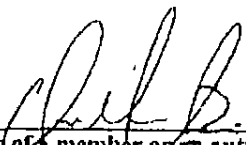
ARTICLE IV - MANAGEMENT

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

Name and Address:

-AMBR - Authorized Member

**Omar Montesino Jr.
5335 NW 87th Avenue, Suite C109, #223
Doral, FL, 33178**



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 the State Constitutes a third degree felony as provided for in s.817.155, F.S.)



Omar Montesino Jr.

((H18000010539 3)))

Filing Fees:

**\$125.00 Filing Fee for Articles of Organization
30.00 Certified Copy (Optional)
5.00 Certificate of Status (Optional)**