

3/20/2018

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (954)208-0845

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

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DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

FLORIDA LIMITED LIABILITY CO.
Quixote Health LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2018 MAR 20 AM 10:31

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Electronic Filing Menu

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Help

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Quixote Health LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:Mailing Address:1680 Michigan Ave.
Suite 700, #118
Miami Beach, FL 331391680 Michigan Ave.
Suite 700, #118
Miami Beach, FL 33139

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

C.T. Corporation System

Name

1200 South Pine Island RoadFlorida street address (P.O. Box **NOT** acceptable)Plantation,

Florida

33324

City

State

Zip

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..

By:

C.T. Corporation System

Registered Agent's Signature (REQUIRED)

Donna Peterson-Riggs, Asst. Secretary

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" - Authorized Member

"MGR" - Manager

AMBR

Name and Address:

Lloyd Myers

1680 Michigan Ave., Ste 700, #118

Miami Beach, FL 33139

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____, (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.**REQUIRED SIGNATURE:**

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any falsified information submitted in a document to the Department of State constitutes a third degree felony as provided for in s 817.155, F.S.

Pasquale D. Gentile, Jr., authorized representative

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)