

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**L1800082168**

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To:

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

From:

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**FLORIDA LIMITED LIABILITY CO.  
BLUE LIFE MEDICAL CENTER, LLC**

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

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DIVISION OF CORPORATIONS  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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APR 03 2018

K. Brumbley

**ARTICLES OF ORGANIZATION**  
**FOR**  
**FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company," "LLC," or "LLC.")

BLUE LIFE Medical Center, LLC

**ARTICLE II - Address:**

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

12260 SW 8th Suite 230 MIAMI  
FL 33184

**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 entity with an active Florida registration.)

Jorge R Gonzalez Perez  
12260 SW 8th Suite 230  
Miami FL 33184

**ARTICLE IV-**

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

Jorge R Gonzalez Perez  
(AMBR)

SECRETARY OF STATE  
TALLAHASSEE FLORIDA


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**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.

  
\_\_\_\_\_  
**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)**