

L18000144045

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.

(((H18000176361 3)))



H18000176361 3ABCO

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page so you will generate another cover sheet.

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

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)220-1440

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

Email Address: _____

RECEIVED

2018 JUN 12 PM 4:29

DIVISION OF CORPORATIONS
COMMERCIAL SERVICES

**FLORIDA LIMITED LIABILITY CO.
CORAL BLUE MEDICAL CENTER LLC**

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

Electronic Filing Menu

Corporate Filing Menu

Help

N CULLIGAN

JUN 13 2018

FILED

2018 JUN 12 AM 9:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

2018 JUN 12 AM 9:09

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLE I - Name:**

The name of the Limited Liability Company is:

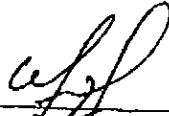
Coral Blue Medical Center LLC**ARTICLE II - Address:**

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

8890 SW 24 ST - SUITE 214MIAMI, FL, 33165**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.)*Omar Izquierdo Martin8890 SW 24 ST SUITE 214MIAMI FL 33165**ARTICLE IV**

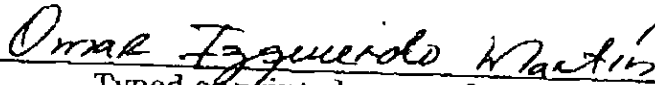
The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)

Omar Izquierdo Martin(AMBR)

Required Signatures:

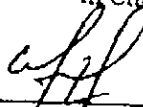
Signature of a member or an authorized representative of a member.

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)

2018 JUN 12 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED