

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

L18000175083  
FILED 8:00 AM  
July 20, 2018  
Sec. Of State  
nculligan

**Article I**

The name of the Limited Liability Company is:

NIMEL MEDICAL CENTER LLC

**Article II**

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

10821 NW 27 AVE  
MIAMI, FL. US 33167

The mailing address of the Limited Liability Company is:

10821 NW 27 AVE  
29TH AVE  
MIAMI, FL. US 33167

**Article III**

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

RAFAEL PEREZ GONZALEZ  
7098 W  
29TH AVE  
HIALEAH, FL. 33018

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.

Registered Agent Signature: RAFAEL PEREZ GONZALEZ

### **Article IV**

The name and address of person(s) authorized to manage LLC:

Title: MGR  
RAFAEL PEREZ GONZALEZ  
7098 WEST 29 AVE  
HIALEAH, FL. 33018 US

Title: AR  
YOSSY QUINTANA  
870 NW 87 AVE APT 208  
MIAMI, FL. 33172 US

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### **Article V**

The effective date for this Limited Liability Company shall be:

07/20/2018

Signature of member or an authorized representative

Electronic Signature: RAFAEL PEREZ GONZALEZ

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.