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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FASTKIT CORP Account Number : 120100000009 Phone : (305)599-0839

: (305)592-9591 Fax Number

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

Email Address:	
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# FLORIDA LIMITED LIABILITY CO. UNITED MEDICAL TRANSPORTATION, LLC

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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I Name

The name of the Limited Liability Company is:

## UNITED MEDICAL TRANSPORTATION, 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:

2766 NW 62 St. Miami, FL 33147 2766 NW 62 St. Miami, FL 33147

#### 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:

Rene Gonzalez 2766 NW 62 St. Miami, FL 33147

Having been named as registered agent 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)

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SECRETARY OF STATE
TALL AHASSEF, FL

(CONTINUED)
Page 1 of 2

# ARTICLE VI Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: "MGRM" = Managing Member "MGR" = Member "AMBR" = Authorized Member

RG Business Inc. - MGR 2766 NW 62 St. Miami, FL 33147

ARTICLE VI: Effective date, if other than the date of filing:	(OPTIONAL)
If an effective date is listed, the date must be specific and cannot be a or 90 days after the date of filing.)	more than five business days prior
REQUIRED SIGNATURE:	
Plu (	2
Signature of a member or an authorized representation (This document is executed in accordance with section 605.0 aware that any false information submitted in a document to a third degree felony as provided for in s.817.155, F.S.)	203 (1) (b), Florida Statutes. I am

Typed or printed name of signee

Rene Conralez