

L19 000 159890

(Requestor's Name)

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(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

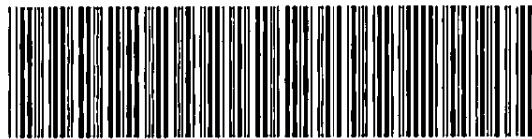
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
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PRIMEMED LAKE MEDICAL II LLC

- Art of Inc. File _____
- LTD Partnership File _____
- Foreign Corp. File _____
- L.C. File _____
- Fictitious Name File _____
- Trade/Service Mark _____
- Merger File _____
- Art. of Amend. File _____
- RA Resignation _____
- Dissolution / Withdrawal _____
- Annual Report / Reinstatement _____
- Cert. Copy _____
- Photo Copy _____
- Certificate of Good Standing _____
- Certificate of Status _____
- Certificate of Fictitious Name _____
- Corp Record Search _____
- Officer Search _____
- Fictitious Search _____
- Fictitious Owner Search _____
- Vehicle Search _____
- Driving Record _____
- UCC 1 or 3 File _____
- UCC 11 Search _____
- UCC 11 Retrieval _____
- Courier _____

Signature _____

Requested by: BA

6/26/19

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

**ARTICLES OF ORGANIZATION
OF
PRIMEMED LAKE MEDICAL II LLC**

**ARTICLE I
Name**

The name of the limited liability company is PrimeMed Lake Medical II LLC (hereinafter called the "Company").

**ARTICLE II
Principal Office**

The mailing address and the street address of the principal office of the Company is 2750 N.E. 185th Street, Suite 201, Aventura, Florida 33180.

**ARTICLE III
Initial Registered Office and Registered Agent**

The street address of the Company's initial registered office in the State of Florida is 2750 N.E. 185th Street, Suite 201, City of Aventura, County of Miami-Dade, and the name of its initial registered agent at such office is Louis R. Montello.

**ARTICLE IV
Management**

The Company is to be manger managed.


**ARTICLE VI
Indemnification**

The Company shall indemnify and shall advance expenses on behalf of its members and managers to the fullest extent not prohibited by any law in existence either now or hereafter.

The undersigned, being one of the original members of the Company, hereby certifies that the foregoing constitutes the Articles of Organization of PrimeMed Lake Medical II LLC.

Executed by the undersigned at Aventura, Florida, this 26th day of June, 2019.

PRIMEMED LAKE MEDICAL II LLC

By: 
Louis R. Montello,
As Authorized Representative

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ACCEPTANCE BY REGISTERED AGENT

The undersigned, having been named the Registered Agent of PrimeMed Lake Medical II LLC, hereby accepts such designation and is familiar with, and accepts, the obligations of such position.

June 26, 2019



Louis R. Montello,
Registered Agent

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