

8/14/2019

L190000203022

Division of Corporations

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.

(((H19000242688 3)))



H190002426883ABC7

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

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FASTKIT CORP

Account Number : I20100000009

Phone : (305)599-0839

Fax Number : (305)592-9591

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

Email Address: _____

FILED
CLERK OF STATE
DIVISION OF CORPORATIONS
19 AUG 14 PM 3:33

**FLORIDA LIMITED LIABILITY CO.
CENTRUM MEDICAL CENTER - EAST HIALEAH, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

C RICO

AUG 14 2019

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I Name

The name of the Limited Liability Company is:

CENTRUM MEDICAL CENTER – EAST HIALEAH, LLC

ARTICLE II Address

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

Principal Office Address:

**4218 E. 4 Ave.
Hialeah, FL 33013**

Mailing Address:

**5730 SW 74 St.
Ste. 200
Miami, FL 33143**

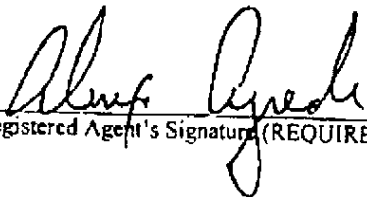
ARTICLE III Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

**Alexis Agreda
8900 Coral Way, Ste. 102
Miami, FL 33165**

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)

(CONTINUED)

Page 1 of 2

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 AUG 14 PM 3:33

ARTICLE IV 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

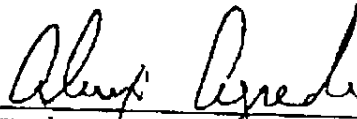
**Alexis Agreda – Authorized Representative
8900 Coral Way, Ste. 102
Miami, FL 33165**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
19 AUG 14 PM 3:33

ARTICLE VI: Effective date, if other than the date of filing: _____. (OPTIONAL)

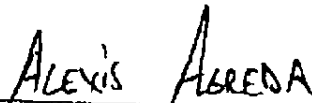
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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

(This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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