

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L19000203130

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.

((H19000242759 3)))



H190002427593ABC6

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: _____

**FLORIDA LIMITED LIABILITY CO.
 CENTRUM MEDICAL CENTER - MIAMI GARDENS, LLC**

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

FILED
 2019 AUG 14 AM 11:10
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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 - MIAMI GARDENS, LLC

ARTICLE II Address

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

Principal Office Address:

4767 NW 183 St.
Hialeah, FL 33055

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 in accept service of process for the above stated limited liability company as 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2019 AUG 14 AM 11:10

FILED

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

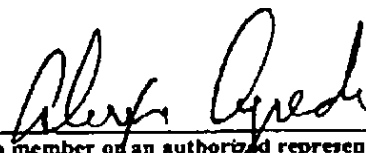
"AMBR" = Authorized Member

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

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

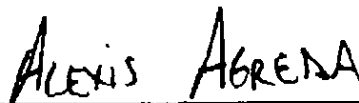
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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 signer