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## Florida Department of State

## **Division of Corporations** Electronic Filing Cover Sheet

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

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## FLORIDA LIMITED LIABILITY CO. WEST MIAMI MEDICAL CENTER LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

J DENNIS

## ARTICLES OF ORGANIZATION

FOR	i
FLORIDA LIMITED LIABILITY COMPANY	
Effective Date 01/01/20	
ARTICLE I - Name: The name of the Limited Liability Company is:	
WEST MIAMI MEDICAL CENTER LLC	n
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	مہ
1350 SW 57-14 AVE SUITE 101	
WEST MIAMI, FL, 33144 FEE	
A SEC	-7
ARTICLE III - Registered Agent, Registered Office:  The name and the Florida street address of the registered agent are: (The Limited Lidhest Company cannot serve as its own Registered Agent. You must designate an individual or another business entition:  with an active Florida registration.)	
1350 SW 57th AVE Suite 101	
WEST Minni, FC, 35144	
The name and title of each person authorized to manage and control the Limited  Liability Company: (MGR or AMBR)  AMBR  AMBR	



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

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Deput ment of State constitutes a third degree felony as provided for in s.817.155, F. S.

Typed or printed name of signee

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 as provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)

2019 DEC 13 PM 7: 42
SECRETARY OF STATE
TALLAHASSEE, FI DOR