

Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

L20000036744

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.

((H20000042644 3)))



H200000426443ABCW

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 : LAZARUS CORPORATE FILING SERVICE, INC.
 Account Number : I20000000019
 Phone : (305)552-5973
 Fax Number : (305)675-5944

****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.
 CATALINA MEDICAL CENTER LLC**

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

Electronic Filing Menu

Corporate Filing Menu

Help

07 2020

2020 FEB 6 PM 1:02

2020 FEB -6 AM 10:18
 RECEIVED
 TALLAHASSEE FL 32301

2020 FEB -6 PM 1:02
 RECEIVED
 DIVISION OF CORPORATIONS
 TALLAHASSEE FL 32301

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

CATALINA Medical Center LLC

ARTICLE II - Address:

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

5900 NW 7th Ave, Suite 102, Miami, FL, 33127

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: *(If a Limited Liability Company cannot serve as its own Registered Agent, You must designate an individual or another business entity with an active Florida registration.)*

OSMANI MENDEZ Hernandez

5900 NW 7th Ave, Suite 102, Miami, FL, 33127

ARTICLE IV

The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)

OSMANI MENDEZ Hernandez (AMBR)

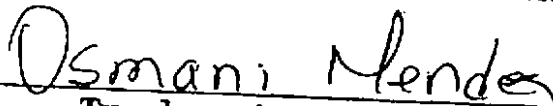
EDUARDO OMAR Aguilar Morillo (AMBR)

FILED
2020 FEB -6 PM 10:18
SUNNYVALE, FL
CLERK OF DISTRICT COURT

Required Signatures:

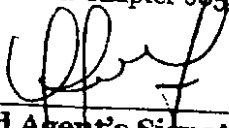
Signature of a member or an authorized representative of a member.

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 Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Typed or printed name of signer

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 603, F.S..



Registered Agent's Signature (REQUIRED)