Division of Corporations Electronic Filing Cover Sheet

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	Fax Number : (850)617-6381		-
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	Account Name : LAZARUS CORPORATE FILING SERVICE, INC. Account Number : I20000000019	A	7.
	Phone : (305)552-5973	,,	
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FLORIDA LIMITED LIABILITY CO. MEDICAL OFFICES ADVICE LLC.

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company, "LLC," or "LC")

Medical Offices Advice LCC.

ARTICLE II - Address:

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

7650 SW 133 AVR. MIXIM, Fl. 33183

ARTICLE III - Registered Agent, Registered Office:

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

RAFAEL CRESPO FERNANCEZ 7650 SW 133 Avenue Hami, 17. 33183

ARTICLE IV-

The name and title of each person authorized to manage and control the Limited Liability Company:

RAFAEL Crespo Fernandez CALIBR

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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.

Registered Agent's Signature (REQUIRED)

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