

L20000311798

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.

((H20000353678 3)))



H200003536783AEC1

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 : BUSINESS ACCOUNTING PROFESSIONALS CORP
Account Number : I20190000020
Phone : (786)953-7449
Fax Number : (786)953-7450

****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.
M R MEDICAL LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

2020 OCT 12 PM 5:00

2020 OCT 12 AM 10:14

RECEIVED

STATE
CORPORATION
DIVISION
RECEIVED

**Articles of Organization
For
Florida Limited Liability Company**

The undersigned company, for the purpose of forming a Florida limited liability company, hereby adopts the following Articles of Organization:

Article I

The name of the limited liability company is:
M R MEDICAL LLC

Article II

The street address of the principal office of the Limited Liability Company is:
**12401 SW 187 STREET
MIAMI, FL. 33177**

The mailing address of the Limited Liability Company is:
**12401 SW 187 STREET
MIAMI, FL. 33177**

Article III

Other provisions, if any:
ANY AND ALL LAWFUL BUSINESS.

Article IV

The name and Florida street address of the registered agent is:
**OSMEL MARTINEZ ROSALES
12401 SW 187 STREET
MIAMI, FL. 33177**

Having been named as a registered agent and to accept service of process of 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.

Registered Agent Signature: _____

2020 OCT 12 PM 5:00

Article V

The name and address of person(s) authorized to manage the LLC:


**Title: AMBR
OSMEL MARTINEZ ROSALES
12401 SW 187 STREET
MIAMI, FL. 33177**

Article VI

The effective date of this Limited Liability Company Shall be:

10/08/2020

Signature of member or an authorized representative:

Signature: 

I am a member or authorized representative submitting these Articles of organization and affirm that the facts state herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provide for in S.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following the formation of the LLC and every year thereafter to maintain "active" status.

2020 OCT 12 PM 5:00
STATE
OF FL