

L20000313255

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

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**FLORIDA LIMITED LIABILITY CO.
OPTIMAL CARE MEDICAL CENTER LLC**

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

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2020 OCT 13 PM 2:13

CORPORATE
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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

2020 OCT 13 PM 4:11

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ARTICLE I - Name:

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

Optimal Care Medical Center LLC

ARTICLE II - Address:

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

9860 SW 8th St
Pembroke Pines FL 33025

ARTICLE III - Registered Agent, Registered Office:


The name and the Florida street address of the registered agent are: (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.)

Hiram Jose Perez Anula
9860 SW 8th St
Pembroke Pines FL 33025

ARTICLE IV-

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

Hiram Jose Perez Anula - AMBR

Required Signatures:

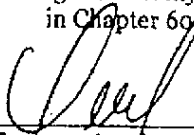
Signature of a member or an authorized representative of a member.

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.

Hiram Jose Perez Anula

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)