

L20000371347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

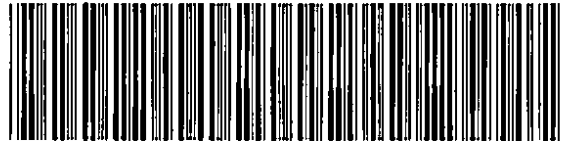
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PICK UP: 12/04/2020

- ☐ **CERTIFIED COPY** _____
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- xx** **FILING** LLC _____

1. **MID FLORIDA DIALYSIS, LLC**
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

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SECRETARY OF STATE
TALLAHASSEE, FL

**ARTICLES OF ORGANIZATION
OF
MID FLORIDA DIALYSIS, LLC**

The undersigned, being the Members and Organizers of the Limited Liability Company hereby being formed under the Florida Statutes Annotated Sections 605.0201, do hereby adopt the following Articles of Organization for the Limited Liability Company:

FIRST: The name of the Limited Liability Company is MID FLORIDA DIALYSIS, LLC

SECOND: The Limited Liability is organized to engage in any lawful act concerning any lawful business, other than banking and insurance, for which a limited liability company may be organized in accordance with the Florida Statutes Annotated Sections 605.0201, including all powers and purposes now and hereafter permitted by law to a limited liability company.

THIRD: The mailing and street address of the principal office of the Limited Liability Company is 631 Palm Springs Dr. Ste 104, Altamonte Springs, FL 32701.

FOURTH: The street address of the initial registered office of the Limited Liability Company in Florida is 631 Palm Springs Dr. Ste 104, Altamonte Springs, FL 32701 and the name of the Initial registered agent of the Limited Liability Company in Florida at that address is Fuad Afzal.


FIFTH: The members of the Limited Liability Company shall consist of not less than one Member. The name and address of the initial Members are:

Fuad Afzal (AMBR)
3113 Tofa Ct
Longwood, FL 32779

Sayed Husain (AMBR)
5022 Maple Glen Pl
Sanford, FL 32771

SIXTH: The Limited Liability Company is to be managed by the Members.

IN WITNESS WHEREOF, the Members have executed and acknowledged these Articles of Organization on December 4, 2020.


x 
Fuad Afzal

**CONSENT TO APPOINTMENT
BY REGISTERED AGENT**

I, having been named as Registered Agent for MID FLORIDA DIALYSIS, LLC hereby voluntarily consent to serve as Registered Agent for MID FLORIDA DIALYSIS, LLC

I know and understand the duties and responsibilities of a Registered Agent as set forth in the Florida Statutes Annotated Sections 605.0201, and I hereby accept those duties and responsibilities.

Dated: December 4, 2020

X 
Fund A. Galt

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