

## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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|       | Division of Corporations |  |  |
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|       | Account Name             | : LAZARUS CORPORATE FILING SERVICE, INC.   |  |
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|       |                          | ss for this business entity to be used for future<br>lings. Enter only one email address please.** |  |

## FLORIDA LIMITED LIABILITY CO. MAXINE MED CENTER LLC

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

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

| MAXINE Med Center LLC  |
|--|
| ARTICLE II - Address:  The mailing address and street address of the principal office of the Limited Liability  Company is:  |
| 13750 SW 285 Trr   |
| Homestead, PL 33033  |
|  |
| 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.) |
| 13750 SW 285 Tr  |
| Homestead, Fl 33033  |
| JULIO ACOSTA PEREZ   |
| The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)  JULID ACOSTA PINEZ  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.

JUITO ACOSTA PEREZ

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)