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.

(((H210000236173)))



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	To:		
		Division of Corporations	
		Fax Number : (850)617-6381	
	From:		
		Account Name : LAZARUS CORPORATE FILING SERVICE, INC.	
_		Account Number : I20000000019	
>		Phone : (305)552-5973	
)	ī	Fax Number : (305)675-5944	
	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. **R&M MEDICAL GROUP LLC**

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

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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

V × M					
- K&M medical group (<u>(</u>				
ARTICLE II - Address: The mailing address and street address of the principal office of the L. Company is:					
Company is:	mited Liability				
-7201 SW 35 st					
Mami F1 >3165					
73163					
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 individ					
Company cannot serve as its own Registered Agent. You must designate an individual or another with an active Florida registration.)	he Limited Liability business entity				
Richard Bonachea					
9201 SW 35 5T					
MIAMI FL. 33/65					
ARTICLE IV	Si =				
The name and title of each person authorized to manage and control Liability Company: (MGR or AMBR)	the Limited				
Richard Bonachea /	(and)				
	THOR)				
Mayte B. ZAMOVa	(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 berein 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.

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

Registered gent's Signature (REQUIRED)