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Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6381

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Account Name : FASTKIT CORP
Account Number : I20100000009
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**FLORIDA LIMITED LIABILITY CO.
CAP MEDICAL CENTER LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

J. FASON

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February 8, 2021

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FASTKIT CORP

SUBJECT: CAP MEDICAL CENTER LLC
REF: W21000014941

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tim Burch
Senior Section Administrator

FAX Aud. #: B21000051170
Letter Number: 321A00002758

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

CAP MEDICAL CENTER LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:299 ALHAMBRA CIRCLE SUITE 203
CORAL GABLES FL 33134**Mailing Address:**299 ALHAMBRA CIRCLE SUITE 203
CORAL GABLES FL 33134**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(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.)

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

TAP SOLUTIONS INC

Name

2343 NW 7TH STFlorida street address (P.O. Box ~~NOT~~ acceptable)MIAMIFL33125

City

State

Zip

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)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

AMBR

CAMILO ARNALDO CAROTE ESTEVEZ
299 ALHAMBRA CIRCLE SUITE 203
CORAL GABLES FL 33134

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Camilo Carote

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

CAMILO ARNALDO CAROTE ESTEVEZ

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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