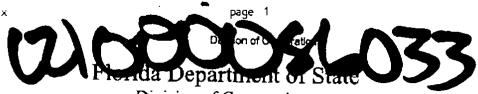
2/5/2021



# 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.

(((H210000511703)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FASTKIT CORP Account Number : 12010000009 Phone : (305)599-0839 Fax Number : (305)592-9591

\*\*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. CAP MEDICAL CENTER LLC

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

J. FASON

FEB 12 2021

Electronic Filing Menu

Corporate Filing Menu

Help

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. #: H21000051170 Letter Number: 321A00002758

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AR	TIC	LEI	- N	ame:
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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:

Mailing Address:

299 ALHAMBRA CIRCLE SUITE 203
CORAL GABLES FL 33134

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 ST

Florida street address (P.O. Box NOT acceptable)

MAM

FL State 33125 Zip

City

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 dustes, 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)

A. . .

2021 FEB 11 AM 5: 57

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
AMBR	CAMILO ARNALDO CAPOTE ESTEVEZ 299 ALHAMBRA CIRCLE SUITE 203 CORAL GABLES FL 33134	- -
		<u>.</u>
		- •
		-
		- -
(Use attachment if necessary)		
(Use attachment if necessary)  LEV: Effective date, if other than the flective date is listed, the date must	e date of filing: (OPTIONAL)	d
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