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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (950)617-6381

From: Account Name : CLARA GIRALDO ENROLLED AGENT
Account Number : 115990000017
Phone : (305)485-9300
Fax Number : (305)485-1098

Handwritten signature and date: 9/2/21

****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.
MACABEO MEDICAL COMPANY, LLC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

2021 9-2 PM 12:56

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
OF
MACABEO MEDICAL COMPANY, LLC.**

ARTICLE I - NAME

The name of the Limited Liability Company is:

MACABEO MEDICAL COMPANY, LLC.

ARTICLE II - ADDRESS

The principal office of the Limited Liability Company is:

**4719 NW 7th St. Apt 306-11
MIAMI, FL. 33126**

The mailing address shall be:

**4719 NW 7th St. Apt 306-11
MIAMI, FL. 33126**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED
AGENT'S SIGNATURE:**

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

SONIA MACABEO JAIMES

**4719 NW 7th St. Apt 306-11
Florida Street address (P.O.BOX NOT acceptable)
MIAMI, FL. 33126
City, State, and 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.

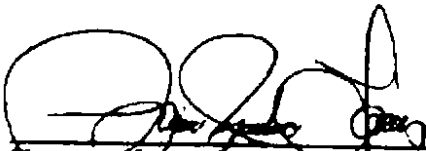

REGISTERED AGENT'S SIGNATURE

ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

SONIA MACABEO JAIMES
4719 NW 7th St. Apt 306-11
MIAMI, FL. 33126

AMBR



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.)

SONIA MACABEO JAIMES
Typed or printed name of signer