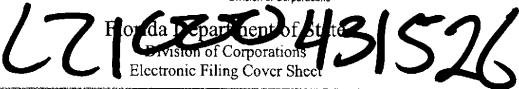
10/1/21, 3:24 PM

Division of Corporations



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.

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : EXPRESS CORPORATE FILING SERVICE INC.

Account Number : I20000000146 Phone : (305)444-4994

Fax Number : (305)444-4977

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

## FLORIDA LIMITED LIABILITY CO. VIVIR MEDICAL CENTER LLC

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

Electronic Filing Menu Corporate Filing Menu

Help

Page; 3 of 4

ARTICLES OF ORGANIZATION FOR FLORIDA	LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	
VIVIR MEDICAL CENTER LLC	
(Must contain the words "Limited Liability C	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of th  Principal Office Address:	e Limited Liability Company is:  Mailing Address:
2742 SW 8 ST MIAMI, FL 33135	SAME
ARTICLE III - Registered Agent, Registered Office, & Register (The Limited Liability Company cannot serve as its own Registere another business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are	ed Agent. You must designate an individual or
the name and the trotton sever actives of the registered agent are	•

OLDANIA BRAVO Name 2742 SW 8 ST Florida street address (P.O. Box NOT acceptable)

MIAMI City State

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..

/s/ Oldania Bravo
Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
AMBR	OLDANIA BRAVO	
	2742 SW 8 ST MIAMI, FL 33135	
AMBR	REINALDO HERNANDEZ LOS	v
4 1114 1941	2742 SW 8 ST	
	MIAMI. FL 33135	
		<u> </u>
(Use attachment if necessary)	•	
TCLE V: Effective date, if other than the d	ate of filing:	(OPTIONAL)
n effective date is listed, the date must be	specific and cannot be more than five h	usiness days prior to or 90 days after
date of fiting.) e: If the date inserted in this block does no	or meet the applicable statutory filing requ	uiremente this date will not be listed no
document's effective date on the Departme	ent of State's records.	uncinents, this date with hot of histor as
FICLE VI: Other provisions, if any.		

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.

**OLDANIA BRAVO** 

Typed or printed name of signee

## Filing Fees:

/s/ Oldania Bravo

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

