

# C22000171902

## Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

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

From:

Account Name : FASTKIT CORP  
Account Number : I20100000009  
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.\*\***

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### FLORIDA LIMITED LIABILITY CO. ATE MEDICAL GROUP, LLC

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

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DIVISION OF CORPORATIONS  
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FLORIDA DEPARTMENT OF STATE  
ATLANTA, FLORIDA

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

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

**ATE MEDICAL GROUP, LLC.**

**ARTICLE II – Address:**

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

**Principal Office Address:**

4995 NW 72 AVENUE SUITE #205  
MIAMI, FLORIDA 33166

**Mailing Address:**

4995 NW 72 AVENUE SUITE #205  
MIAMI, FLORIDA 33166

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:**

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

WORLD OFFICE & BUSINESS PLACE, INC.  
4995 NW 72 AVENUE SUITE #205  
MIAMI, FLORIDA 33166

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

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**ARTICLE IV – Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

Members and Managers

**Name and Address**

BIBIANA MISAS  
4995 NW 72 AVENUE SUITE #205  
MIAMI, FLORIDA. 33166

**Name and Address**

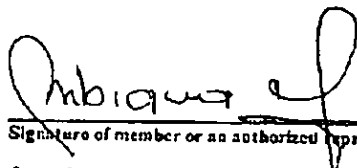
CARLOS ABREU  
4995 NW 72 AVENUE SUITE #205  
MIAMI, FLORIDA 33166

REC'D OFFICE OF STATE  
ATTORNEY GENERAL  
FLORIDA

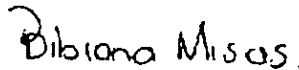
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**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
Signature of member or an authorized representative of a member

(In accordance with section 605.0203 Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true)

  
\_\_\_\_\_  
Typed or printed name of signed