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 : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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

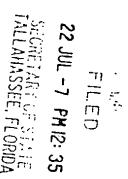
C41	Address.			

FLORIDA LIMITED LIABILITY CO. **MEDICAL 5ZERO LLC**

Certificate of Status	1
Certified Copy	0
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Estimated Charge	5130.00

Electronic Filing Menu

Corporate Filing Menu



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

,=-,:5dbb	MONTH OF TAXABLE 1 1 CONTRACT
ARTICLE I - Name;	
he name of the Limited Liability Company is:	
MEDICAL SZERO LLC	
(Must contain the words "Limited Liabi	ility Company, "L.L.C.," or "LLC.")
RTICLE II - Address:	
he mailing address and street address of the principal office	of the Limited Liability Company is:
and the property of the principal of the	or the Daniel Mathers Company is.
Principal Office Address:	Malling Address:
7765 SW &6TH ST	77.65 SW 86TH ST
MIAMI, FL 33143	MIAMI, FL 33143
RTICLE III - Registered Agent, Registered Office, & R	essistence Amoutle Cignoture
The Limited Liability Company cannot serve as its own Reg	estered Agent. You must designate an individual or
nother business entity with an active Florida registration.)	bassan a de sus a designate an intratage of
he name and the Florida street address of the registered age	nt are:
LUIS ALBERTO RIVER	10 ·
	ume
f éra	шис
<u>7765 SW 86ГН S</u> T	
Florida street address (P.	O. Box NOT acceptable)

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 6.15, F.S.

MIAMI

City

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FLORIDA

State

33143

Zip

Z JUL -7 PMIZ: 35

Title:	authorized to manage and control the Limited Liability Company:			
"AMBR" = Authorized Member	Name and Address:			
"MGR" = Manager				
MGR	LUIS ALBERTO RIVERO			
	7765 SW 86TH ST MIAMI, FL 33143			
MGR	LUIS RIVERO FILARDO			
	77.65 SW 86TH ST			
	MIAMI, FL 33143			
MGR	TANIA MARILI DI GIUSEPPE			
	7765 SW 86TH ST MIAML FL 33143			
	1900			
<u> </u>				
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date in effective date is listed, the date must be she date of filing.)	the of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after			
	t meet the applicable statutory filing requirements, this date will not be listed out of State's records.			
ARTICLE VI: Other provisions, if any. ALL MGRS WILL OWN ALL STOCKS EQU	ALLY DIVIDED			
REQUIRED SIGNATURE:	Pelikrono			
This document is exec I am aware that any fa	member or an authorized representative of a member. Cuted in accordance with section 605.0203 (1) (b), Florida Statutes. Ise information submitted in a document to the Department of State ree felony as provided for in s.817.155, F.S.			
<u>LUIS ALBER</u>	TO RIVERO			
	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)

2 JUL -7 PM 12: 35 EORETARY OF STATE TI AHASSEE ELORIO