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:

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Email Address:___

FLORIDA LIMITED LIABILITY CO. ARLETTY MARRERO ARNP, LLC

Certificate of Status	1	
Certified Copy	0	
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Estimated Charge	\$130.00	

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limit	ed Liability Company is:	
	Marrero ARNP, LLC	
The mailing address as Company is:	nd street address of the principal office of the Limited Liab	
1665	SW 145 QUE MIAMI FL 33:17	2
Company cannot serve as its own with an active Florida registration	ed Agent, Registered Office: da street address of the registered agent are: (The Limited' Liabil Registered Agent. You must designate an individual or another business entity MAYCL (O	'iry
1665 sw	145 aue Miami A 3-31	75
	ch person authorized to manage and control the Limited R or AMBR) Marcen (AMBR)	23 JAN -5 FHI2: 35

Required Signatures:

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. 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.

Typed or printed name of signee

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 (REQUIRED)