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Division of Corporations

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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 : MEDICAL BILLING CONSULTANTS, INC.
Account Number : 120200000206
Phone : (305)463-6590
Fax Number : (305)463-6693

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

Email Address: alejandrogarganta@gmail.com

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INFORMATION
COMMERCIAL
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FLORIDA LIMITED LIABILITY CO.

American Health LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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July 11, 2023

FLORIDA DEPARTMENT OF STATE

Division of Corporations

MEDICAL BILLING CONSULTANTS, INC.

SUBJECT: AMERICAN HEALTH LLC

EF: W23000094312

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is L14000006975.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jim Burch
Operations Manager A

FAX Aud. #: B23000241649
Letter Number: 323A00015295

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GC American Health LLC
(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
<u>9600 NW 38th ST.</u>	<u>9600 NW 38th ST.</u>
<u>Doral, FL 33178</u>	<u>Doral FL 33178</u>

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

<u>Jose Garganta</u>		
Name		
<u>9600 NW 38th ST</u>		
Florida street address (P.O. Box NOT acceptable)		
<u>Doral</u>	<u>FL</u>	<u>33178</u>
City	State	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 (REQUIRED)

(CONTINUED)

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ARTICLE IV:
The name and address of each person authorized to manage and control the Limited Liability Company:

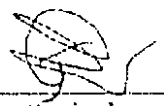
<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member	
"MGR" = Manager	
<u>MGR</u>	<u>Jose Garganta</u> <u>9600 NW 38th ST, Doral, FL 33178</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any:

REQUIRED SIGNATURE:



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.

Jose Garganta
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)

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