rida 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 : I20000000019 : (305)552-5973 Phone 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. **

Email Address:

FLORIDA LIMITED LIABILITY CO. ANGELS CLINICAL MANAGEMENT CONSULTANTS LLC

Certificate of Status Certified Copy 0 Page Count 03 Estimated Charge \$130.00

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
ARTICLE II - Address: The mailing address and street address of the mailing address
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
11410 SW 88/h St Svike 307
Miami, FL 33/76
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limite I Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
Voandy Cabrera Bueno Es B 11410 sw 88th St Svite 307 SEET
114/0 5W 88th St Svite 307 5 5 7
MILMI, FL 33176
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)
Yound's Cabrera Bueno (AMBR)

EIN: 93 - 25/3507

Required Signatures:

Signature of a member of 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 n med 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 us provided for in Chapter 605, F.S..

Registered Agent's Signature (REQUIRED)