

C23000410480

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
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STATE
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**FLORIDA LIMITED LIABILITY CO.
RENAL NETWORK LLC**

| | |
|-----------------------|----------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$130.00 |

STATE
TAL
S

2023 SEP -5 AM 9:30

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RENAL Network LLC

ARTICLE II - Address:

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

9737 NW 41 st

DORAL FL

33178

Suite 1024

ARTICLE III - Registered Agent, Registered Office:

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

ALFREDO ROBERT

9737 NW 41 st

33178

Suite 1024

DORAL FL 33178

ARTICLE IV

The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)

ALFREDO ROBERT

AMBR

SANDER Richiez

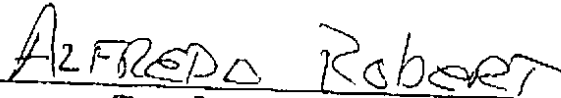
MBR

2023 SEP -5 AM 9:30
STATE OF FLORIDA
TALLAHASSEE, FL

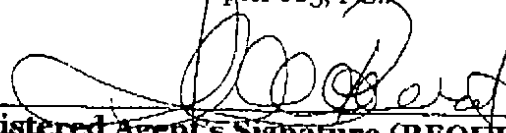
EIN: 93-3200746

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)**

SEP-5 AM 9:30
DEPT OF STATE
TALLAHASSEE, FL