Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000371489 3)))



H230003714893ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 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.

Email Address:_____

TJ.H 10/24/23

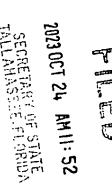
FLORIDA LIMITED LIABILITY CO. MEDPRO SERVICES HUB LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help



230CT 24 PH 4: 46

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE	1	_	Na
733	Ł	-	IAM Wet

The name of the Limited Liability Company is:

ARTICLE II ALL
ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability
Company is:
$11900 \cdot 11 \cdot 11 \cdot 11 \cdot 11 \cdot 11 \cdot 11 \cdot 11$
11490 NW 4th /N Mamy F/ 33172
20176
ARTICLE III - Registered Agent, Registered Office:
The name and the Florida street address of the registered agent are: (The Limite: Liability with an active Florida registered Agent. You must designate an individual or another business entire.)
Company cannot serve as its own Registered Agent. You must designate an individual or another business entity
Celina Elizabeth Hernandez
- 1490 NM CITY (V) VI
1490 NW 4th LN Miam, FL 33172
ARTICLE IV
The name and title of each person and
The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)
Celina Elizabeth Hernandez (AMRR)
TALL
ARCH THE THE THE THE THE THE THE THE THE TH
من المراق المراقب المراقب

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..

Segistered Agent's Signature (REQUIRED)

2023 OCT 24 AM 11: 52
SECRETARY OF STATE
ASSESSES FLORIDA