Division of Corporations Electronic Filing Cover Sheet

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.

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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:_____

FLORIDA LIMITED LIABILITY CO. BLANCO MEDICAL CENTER, LLC

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

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Help

ARTICLES OF ORGANIZATION FLORIDA LIMITED LIABILITY COMPANY

ADTICE n -	OCHIT WIAT	
ARTICLE I - Name:		
The name of the Limited Liability Company is:		1
BLanco Medical Center, LCC.		
ARTICLE II - Address:		-
The mailing address and		
The mailing address and street address of the principal Company is:	office of the Limited Links	
	and mainted mannity	•
1457 SW 27 Ave.		
Miami FC 33145	-	
ARTICLE III - Registered Agent, Registered Office:		
The name and the Florida street address of the registere company cannot serve as its own Registered Agent. You must designate an individual an active Florida registeration.		
Company cannot serve as its own Registered Agent You want of the registere	d agent are: (The Limited Lightler)	
Company cannot serve as its own Registered Agent. You must designate an individual ville an active Florida registration.)	lual or another business entity	
Mercy Blanco	•	
DLANCO		
1457 Sw 27 Ave.		
Micmi, FC 33145		
RTICLE IV		
he name and title of each person authorized to manage ability Company: (MGR or AMBR)	and control the Limited	
iability Company: (MGR or AMBR)		
Mercy Blanco MGR		
TALO A		
	-	

EIN: 99.0571996

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.

Mercy Blayo
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)