

Division of Corporations Electronic Filing Cover Sheet

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mversnick89@gmail.com Email Address:

### FLORIDA LIMITED LIABILITY CO. Myers Healthcare Realty LLC

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#### ARTICLES OF ORGANIZATION

#### **FOR**

#### MYERS HEALTHCARE REALTY LLC A FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE L

Name

The name of the Limited Liability Company is: Myers Healthcare Realty LLC (the "Company").

#### ARTICLE II.

Address

The principal office and mailing address of the Company is:

200 Biscayne Boulevard Way Apt 4403 Miami, Fl 33131

## ARTICLE III. Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida Street Address of the Registered Agent are:

Nicholas Myers 200 Biscayne Boulevard Way Apt 4403 Miami, FL 33131

	_ [**	:	
Having been named as registered agent and to accept service of process for the above stated limited lie	ihllite	comp	)(171
at the place designated in this certificate. Thereby accept the appointment as registered agent and agr	ve jo j	igt in	<i>'</i>
canacity. I further agree to comply with the provisions of all statutes relating to the proper and comple	verger	terma	ance
of my duties, and I am familiar with and accept the obligations of my position as registered agent as	$pt\hat{\rho}(k)$	Ted fe	7
Chapter 605, F.S.		. i	

Nicholas Myers
(sign)

# ARTICLE IV. Authorized Members and Managers

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	Name and Address
AMBR = Authorized Member MGR = Manager	
MGR	Nicholas Myers 200 Biscayne Boulevard Way Apt 4403 Miami, FL 33131

#### ARTICLE V.

The Effective date shall be the date of filing.

Nicholas Myers(sign)		
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.		
Nicholas Myers		
Authorized Representative/Member	•	
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