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Division of Corporations Electronic Filing Cover Sheet

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# FLORIDA LIMITED LIABILITY CO. LOYALTY MEDICAL CENTER LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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Help

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED HABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

## LOYALTY MEDICAL CENTER LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

## ARTICLE II - Address:

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

# Principal Office Address:

Mailing Address:

708 Goodlette-Frank RD N	3811-14 Ave NE
Suite 315	Napies FL 34120
Naples, FL 34102	

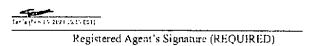
### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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.)

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

TANIA HERNANI	)EZ	
	Name	
708 Goodlette-Frank	k RD N Suite 315	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	eceptable)
Naples	FL	34102
City	State	Zip

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..



(CONTINUED)



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The name and address of each person authorized to manage and control the Limited Liability Company:

Tide:	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager	·	
· ·		
AMBR	YANARDO HERNANDEZ	ite 315
	Naples, FL 34102	10 313
AMBR	TANIA HERNANDEZ	
	708 Goodlette-Frank RD N S	ste 315
	Naples, FL 34102	
AMBR	LARITZA REYES MARTI	
	708 Goodlette Frank RD N S	te 315
	Naples, FL 34102	
AMBR	ALICHETO CHARLT BADE	NOTET
MMBK	AUGUSTO SUAREZ RODE 708 Goodlette-Frank RD N S	tie 315
	Naples, FL 34102	
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the da	te of filing	(OPPONAL)
(If an effective date is listed, the date must be s	pecific and cannot be more than if	ve business days prior to or 90 days after
the date of filing.)	-	
Note: If the date inserted in this block does not	meet the applicable statutory filing	requirements, this date will not be listed a
the document's effective date on the Departmer	t of State's records.	
ARTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:		
Tan a (f → 16, 2014 ± 6 15 (53)		
Signature of a n	iember or an authorized represen	tative 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.

TANIA HERNANDEZ

Typed or printed name of signee

# Flling Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)