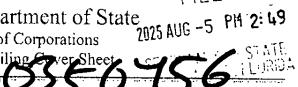
Florida Department of State

Division of Corporations



Note: Please 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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## FLORIDA LIMITED LIABILITY CO. NAC HEALTH INNOVATION CENTER LLC

Certificate of Status	
<u></u>	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION FOR FLOR	NDA LIMITED LIABILITY COMPANY AUG -5 11 2 STA
ARTICLE I - Name: The name of the Limited Liability Company is:	STATE COMPANY COMPANY STA
NAC HEALTH INNOVATION CENTER LLC	7,
(Must contain the words "Limited Liabil	ity Company, "L.L.C.," or "LL.C.")
ARTICLE II - Address: The mailing address and street address of the principal office of	of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
9100 S. DADELAND BLVD STE 1500 MIAMI, FL 33156	9100 S. DADELAND BLVD STE 1500 MIAMI, FL 33156

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:

NORELVYS ABRE	U CAMAÇHO	
	Name	
9100 S. DADELAN	DBLVD STE 1500	<u></u>
Florida street addres	s (P.O. Box <u>NOT</u> a	cceptable)
МІАМІ	<u> </u>	33156
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..

NORELYNS ABREU CAMACHO

Registered Agent's Signature (REQUIRED)

(CONTINUED)

		FILED'
ARTICLE IV- The name and address of each person a	authorized to manage and control the Lis	mite80256AldConSonV:
Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	A. MASSEL PLORIDA
AMBR	NORELVYS ABREU CAMACE 9100 S. DADELAND BLVD ST MIAML FL 33156	TE 1500
(Use attachment if necessary)		
KTICLE V: Effective date, if other than the data an effective date is listed, the date must be seed ate of filing.)  ote: If the date inserted in this block does not a document's effective date on the Department	pecific and cannot be more than five b meet the applicable statutory filing requ	ousiness days prior to or 90 days after
RTICLE VI: Other provisions, if any.		
REQUIRED SIGNATURE:	VORELVYS ABREU CAMACHO	
Signature of a n This document is exce I am aware that any fal	nember or an authorized representative in accordance with section 605.020 se information submitted in a document co felony as provided for in s.817.155, F	13 (1) (b), Florida Statutes. to the Department of State
NORELVYS A	BREU CAMACHO Typed or printed name of signce	

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Senting Co.

- \$ 5.00 Certificate of Status (Optional)