

L96000000650

1201 HAYS STREET

TAMM, MASSACHUSETTS 01907

(4-25)

(01-22)

800-542-8086



**networks**

PRESTIGE HALL  
LEGAL & FINANCIAL SERVICES

ACCOUNT NO. : 072100000032

REFERENCE : 984785 4719391

AUTHORIZATION :

*Patricia Pizut*

COST LIMIT : \$ 70.00

RECEIVED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 JUN 13 AM 10:14

ORDER DATE : June 12, 1996

ORDER TIME : 11:09 AM

ORDER NO. : 984785

CUSTOMER NO: 4719391

300001861463

CUSTOMER: Martin Kamens, Esq  
MARTIN KAMENS, ESQ.

48 Mountain View Blvd.  
P.O. Box 436  
Wayne, NJ 074740436

DOMESTIC FILING

NAME: GMC MEDICAL SERVICES, L.C.

EFFECTIVE DATE:

☒ ARTICLES OF INCORPORATION  
☐ CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jennifer Moran

EXAMINER'S INITIALS:

1130-671  
W96-12709

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95 JUN 13 PM 12:40  
DIVISION OF CORPORATIONS

*JP*  
*6/17/96*

1201 HAYS STREET  
TALLAHASSEE, FL 32301-2607  
904-222-9171  
904-222-0191 FAX

800-342-8086

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

96 JUN 13 AM 10:14



PRESTIGE HALL  
LEGAL & FINANCIAL SERVICES ACCOUNT NO. : 072100000032

REFERENCE : 984785 4719391

AUTHORIZATION :

COST LIMIT : \$ ~~285.00~~ 285.00

*Patricia Pigott*

ORDER DATE : June 12, 1996

ORDER TIME : 11:09 AM

ORDER NO. : 984785

CUSTOMER NO: 4719391

CUSTOMER: Martin Kamens, Esq  
MARTIN KAMENS, ESQ.

48 Mountain View Blvd.  
P.O. Box 436  
Wayne, NJ 074740436

DOMESTIC FILING

NAME: GMC MEDICAL SERVICES, L.C.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION  
       CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: GLS

EXAMINER'S INITIALS: \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

June 14, 1996

CSC NETWORKS  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

SUBJECT: GMC MEDICAL SERVICES, L.C.  
Ref. Number: W96000012709

*use 12th date*

*USE 13th date*

*Per. Jennifer  
Molan*

*resubmit*

We have received your document for GMC MEDICAL SERVICES, L.C. and the authorization to debit your account in the amount of \$70.00. However, the document has not been filed and is being returned for the following:

The fees for a limited liability company breakdown as follows: \$250 filing fee, \$35 for designation of registered agent, \$52.50 for an optional certified copy, and \$8.75 for an optional certificate of status.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (904) 487-6973.

Claretha Golden  
Document Specialist

Letter Number: 596A00029663

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DIVISION OF CORPORATIONS  
96 JUN 13 AM 10:14

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

GMC Medical Services, L.C.

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JUN 13 1973

ARTICLE II - Address:

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

7510 North Hubert Avenue  
Tampa, Florida 33614

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

twenty (20) years

The Limited Liability Company is to be managed by the members and the names and addresses of the managing members are:

Humberto A. Machin, Jr.  
7510 North Hubert Avenue  
Tampa, Florida 33614

Alfredo Carricaburu  
7339 North West 79th Terrace  
Miami, Florida 33166

John M. Garcia  
772 Galloping Hill Road  
Franklin Lakes, New Jersey 07417

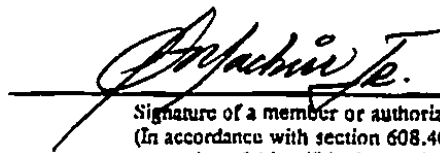
## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of \_\_\_\_\_

\_\_\_\_\_ GMC MEDICAL SERVICES, L.C. \_\_\_\_\_

deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 3,000
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ \_\_\_\_\_.  
A description of the property is attached and made a part hereto.
- 4) the amount of cash or property anticipated to be contributed by member(s) is \$ \_\_\_\_\_
- 5) the total amount of 2, 3, and 4 is \$ 3,000

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member,  
(In accordance with section 608.408(3), Florida Statutes, the  
execution of this affidavit constitutes an affirmation under the  
penalties of perjury that the facts stated herein are true.)

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: GMC MEDICAL SERVICES, L.C.

2. The name and address of the registered agent and office is:

Humberto A. Machin, Jr.

(Name)

7510 North Hubert Avenue

(P.O. Box or Mail Drop Box NOT acceptable)

Tampa, Florida 33607

(City/State/Zip)

FILED  
STATE  
SECRETARY OF  
DIVISION OF  
96 JUL 13 AM 10:15

*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.*

By: *Humberto A. Machin Jr.*

(Signature)

6/11/96

(Date)

**Filing Fee: \$ 35 for Designation of Registered Agent**