

L99000000982

Chapter Number Only

2/19/99 Arlene.

Lucio Mandler

Requestor's Name

701 Brickell Ave #2000

Address

Miami FL 33131

City

State

ZIP

Phone

# 8334 A

VALIDATION ONLY

200002782212--9

-02/22/99--01008--014

\*\*\*\*285.00 \*\*\*\*285.00

CORPORATION(S) NAME

Peak Medical, L.L.C.

( ) Profit

( ) NonProfit

( ) Amendment

( ) Merger

( ) Foreign

( ) Dissolution

( ) Mark

( ) Limited Partnership

( ) Annual Report

☒ Other Limited lia

( ) Reinstatement

( ) Reservation

( ) Change of Registered Agent

( ) Certified Copy

( ) Photo Copies

( ) Certificate Under Seal

( ) Call When Ready

( ) Call If Problem

( ) After 4:30

☒ Walk In

Will Wait

☒ Pick Up

( ) Mail Out

Name	
Availability	2-22
Document	
Examiner	
Updater	
Verifier	
Acknowledgment	
W.P. Verifier	

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FEB 22 2000

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DIVISION OF CORPORATIONS  
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Empire Toll Free: 1-800-432-3028

ARTICLES OF ORGANIZATION  
OF  
PEAK MEDICAL, L.L.C.

These Articles of Organization are made for the purpose of organizing a Florida Limited Liability Company under the Florida Limited Liability Company Act (Florida Statutes Chapter 608).

1. Name. The name of this limited liability company is Peak Medical, L.L.C. (the "Company").

2. Duration and Commencement of Existence. The Company shall exist from the date of filing these Articles with the Florida Department of State until dissolved by the Members or until the occurrence of any of the events specified in Florida Statutes Section 608.441, unless continued by the unanimous consent of all of the remaining Members.

3. Purpose. The Company is organized for the purpose of transacting any lawful business.

4. Mailing Address and Street Address. The mailing address and the street address of the principal office of the Company is:

c/o WLMC Registered Agents Inc.  
701 Brickell Avenue, Suite 2000  
Miami, Florida 33131

5. Registered Agent and Office. The name of the initial registered agent of the Company is WLMC REGISTERED AGENTS, INC.. The street address of the initial registered agent of the Company is:

701 Brickell Avenue  
Suite 2000  
Miami, Florida 33131

6. Capital. The capital of the Company is \$5,000, which shall be paid entirely in cash. Additional capital contributions are not required, but may be made by the Members in accordance with the terms of the Company's Regulations.

7. Additional Members. Additional Members may be admitted to the Company, but only if all of the current Members agree to the admission of the additional Members and to the terms of the admission.

8. Termination of Membership. If a Member of the Company dies, retires, resigns, is expelled or dissolved, experiences bankruptcy, or upon the occurrence of any

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other event which terminates the continued membership in the Company, the remaining Members may, by unanimous written agreement, continue the business of the Company.

9. Management of the Company. The Company is to be managed by three managers and the name and address of the initial managers is:

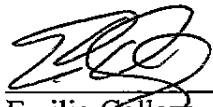
<u>Name of Manager</u>	<u>Address</u>
José Alcántara	13257 S.W. 131 Street Miami, Florida 33186
Emilio Collazo	13257 S.W. 131 Street Miami, Florida 33186
José A. Suárez	13257 S.W. 131 Street Miami, Florida 33186

10. Restrictions on Transfer. No Member may sell, assign, transfer, pledge, hypothecate, encumber or otherwise dispose of any interest in the Company without the prior express written consent of all of the other Members, except as may otherwise be agreed in the Company's Regulations, as amended.

11. Regulations. The Members may adopt, alter, amend, or repeal the Company's regulations. The Company's regulations shall contain provisions for the regulation and management of the Company's affairs.

The undersigned Members have executed these Articles of Organization effective as of the 16<sup>th</sup> day of February, 1999.

  
\_\_\_\_\_  
José Alcántara

  
\_\_\_\_\_  
Emilio Collazo

  
\_\_\_\_\_  
José A. Suárez

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ACCEPTANCE OF REGISTERED AGENT

Having been named to accept service of process for PEAK MEDICAL, L.L.C. at the place designated in the Articles of Incorporation, I hereby agree to act in this capacity, and agree to comply with the provisions of Section 607.0505 Fla. Stat. (1997).

Dated this 16<sup>th</sup> day of February, 1999.

WLMC REGISTERED AGENTS, INC.

By: Saturnino E. Lucio  
Saturnino E. Lucio, President

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**AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS  
OF  
PEAK MEDICAL, L.L.C.**

The undersigned Members of Peak Medical, L.L.C. (the "Company"), depose and say:

1. The Company has at least one Member.
2. The total amount of cash contributed by the Members is \$5,000.
3. No property other than cash is being contributed by Members.
4. The total amount of cash or property anticipated to be contributed by members is \$5,000. This total includes the amounts from paragraph 2 and 3 above.

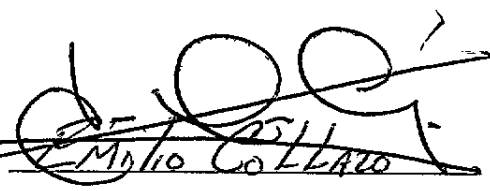
  
\_\_\_\_\_  
Emilio Collazo

STATE OF FLORIDA     )  
                                  )  
COUNTY OF DADE     )

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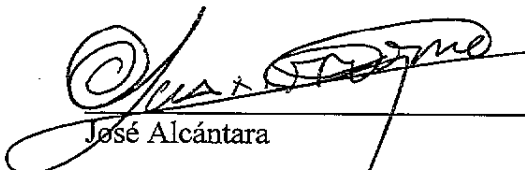
The foregoing instrument was acknowledged before me this 16th day of February, 1999 by Emilio Collazo. He is personally known to me or has produced FLDL# C-420-20061-4625A as identification.

Type or print name:

  
\_\_\_\_\_  
JAIME D. GOMEZ, JR.  
Notary Public  
State of Florida



Commission No. CC 540881  
My Commission Expires  
March 17, 2000

  
\_\_\_\_\_  
José Alcántara

STATE OF FLORIDA     )  
                                      )  
COUNTY OF DADE     )

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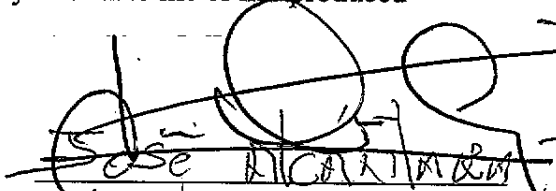
The foregoing instrument was acknowledged before me this 18th day of  
February, 1999 by José Alcántara. He is personally known to me or has produced

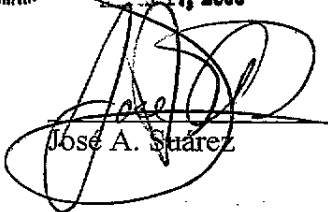
MINICAP report # 628735 as identification.



Notary Public, State of Florida  
Jaime O. Gomez, Jr.  
Commission No. CC 540681  
Commission Expires  
March 17, 2000

Type or print name:

  
\_\_\_\_\_  
JAIME O. GOMEZ, JR  
Notary Public  
STATE OF Florida

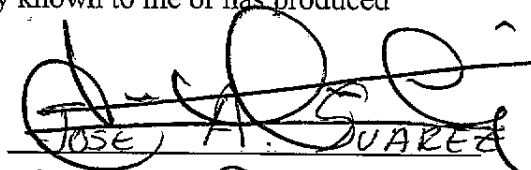
  
\_\_\_\_\_  
José A. Suárez

STATE OF FLORIDA     )  
                                      )  
COUNTY OF DADE     )

The foregoing instrument was acknowledged before me this 18th day of  
February, 1999 by José A. Suárez. He is personally known to me or has produced

FLNH # 3620-44-70-22 as identification.

Type or print name:

  
\_\_\_\_\_  
JAIME O. GOMEZ, JR  
Notary Public  
STATE OF Florida



Notary Public, State of Florida  
Jaime O. Gomez, Jr.  
Commission No. CC 540681  
My Commission Expires  
March 17, 2000