

W07000014852

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To: Division of Corporations  
Fax Number : (850) 205-0363

From: Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002335  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

FLORIDA/FOREIGN LIMITED LIABILITY CO.

CARE MEDICAL PLAN LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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EFFECTIVE DATE  
2-8-07

ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is:

CARE MEDICAL PLAN LLC

ARTICLE II - Address

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

Principal Office Address:  
3520 W 18<sup>th</sup> Ave, Ste. 115  
Hialeah, FL 33012-4634

Mailing Address:  
3520 W 18<sup>th</sup> Ave., Ste. 115  
Hialeah, FL 33012-4634

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ARTICLE III - Registered Agent

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

Name: Enrique Zamora  
Address: 3520 W 18<sup>th</sup> Ave., Ste. 115  
Hialeah, FL 33012-4634

*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 608, F.S..*

  
\_\_\_\_\_  
Registered Agent's Signature

(CONTINUED)  
Page 1 of 2

EFFECTIVE DATE  
2-8-07

ARTICLE IV – Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address:</u>
MGRM	Enrique Zamora 3520 W 18 <sup>th</sup> Ave. Ste. 115 Hialeah, FL 33018
MGR	Fernando Vallejo 1825 Ponce de Leon Blvd, Ste. 361 Coral Gables, FL 33134
MGR	Silvana Zamora 3520 W 18 <sup>th</sup> Ave. Ste. 115 Hialeah, FL 33018

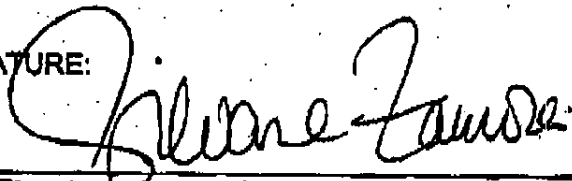
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ARTICLE V: Effective date, if other than the date of filing: February 8, 2007

SIGNATURE:



Signature of a member or an authorized representative of a member.

Silvana Zamora  
Typed of printed name of signee