

L21000014365

Florida Department of State
Division of Corporations
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H210000230463ABCS

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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : KOUTOULAS & RELIS, LLC
Account Number : I20070000005
Phone : (954)332-1345
Fax Number : (954)332-1346

2021 JAN 19 PM 3:14

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**FLORIDA LIMITED LIABILITY CO.
Sanchez Medical, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

2021 JAN 19 AM 9:35

Handwritten signature and date: 1-20-21

Fax Audit #: H21000023046 3

**ARTICLES OF ORGANIZATION
OF
SANCHEZ MEDICAL, LLC**

The undersigned, acting as organizer of Sanchez Medical, LLC, a company organized and created pursuant to Chapter 605, Florida Statutes hereby adopt the following Articles of Organization for said Florida limited liability Company:

ARTICLE I.

The name of the limited liability company shall be:

Sanchez Medical, LLC

ARTICLE II.

The mailing and street address of the principal office of the limited liability company is:

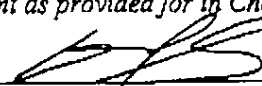
10716 SW 123rd Place
Miami, FL 33186

ARTICLE III.

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

Gabriel Sanchez
10716 SW 123rd Place
Miami, FL 33186

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.



Gabriel Sanchez -Registered Agent

1/14/2021

Prepared by:
Koutoulas & Relis, LLC
1776 N Pine Island Road. Suite 316
Plantation, FL 33322
Phone: (954) 332-1345
Fax: (954) 332-1346

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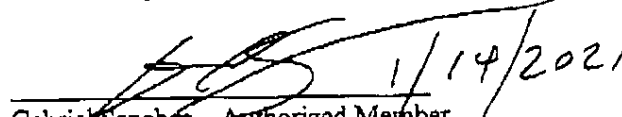
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ARTICLE IV.

This limited liability company is to be managed by one member. The name and address of the Member is as follows:

Gabriel Sanchez – Authorized Member
10716 SW 123rd Place
Miami, FL 33186

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties or perjury that the facts stated herein are true. 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.


Gabriel Sanchez – Authorized Member
*Signature of Member or authorized representative of a member

2021 JAN 19 11:03:35

Prepared by:
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Plantation, FL 33322
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