p. 1

Page 1 of 1

Florida Department of State

Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page 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.

(((H05000029416 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name

: EXPRESS CORPORATE FILING SERVICE INC.

Account Number : 12000000146 Phone

: (305)444-4994

Fax Number

: (305)444-4977

LIMITED LIABILITY COMPANY

DR. NOREEN M. ZAMBRANA & ASSOC LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Wackenie Fling Vanu

Comornia Tipa

Public Access Help.

(((H05000029416)))

DR. NOREEN M. ZAMBRANA & ASSOC LLC ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company Principal Office Address: 8247-C NW 36TH ST MIAMI, FL 33166 MIAMI, FL 33166 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: STEVE KINLAW Name 8247-C NW 36TH ST Florida street address (P.O. Box NOT acceptable) MIAMI FL 33166 City, State, and Zip Having been named as registered agent and to accept service of process for the above stated limit 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 statutes relating to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Registored Agent's Signature (CONTINUED) Process Registored Agent's Signature	ARTICLE I - Name: The name of the Limited Liability Co	ompany is:			
The mailing address and street address of the principal office of the Limited Liability Company Principal Office Address: Mailing Address: 8247-C NW 36TH ST 8247-C NW 36TH ST MIAMI, FL 33166 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: STEVE KINLAW Name 8247-C NW 36TH ST Florida street address (P.O. Box NOT acceptable) MIAMI FL 33166 City, State, and Zip Having been named as registered agent and to accept service of process for the above stated limit 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 statutes relating to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Registered Agent's Signature (CONTINUED)	DR. NOREEN M. ZAMBRANA & ASSOCILIC				
8247-C NW 36TH ST MIAMI, FL 33166 MIAMI, FL 33166 MIAMI, FL 33166 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: STEVE KINLAW Name 8247-C NW 36TH ST Florida street address (P.O. Box NOT acceptable) MIAMI FL 33166 City, State, and Zip Having been named as registered agent and to accept service of process for the above stated limit 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 statutes relating to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Registered Agent's Signature (CONTINUED)		ss of the principal office of the Limited Liability Company is:			
MIAMI, FL 33166 MIAMI, FL 33166 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: STEVE KINLAW Name 8247-C NW 36TH ST Florida street address (P.O. Box NOT acceptable) MIAMI FL 33166 City, State, and Zip Having been named as registered agent and to accept service of process for the above stated limit 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 statutes relating to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Registered Agent's Signature (CONTINUED)	Principal Office Address:	Mailing Address:			
MIAMI, FL 33166 MIAMI, FL 33166 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: STEVE KINLAW Name 8247-C NW 36TH ST Florida street address (P.O. Box NOT acceptable) MIAMI FL 33166 City, State, and Zip Having been named as registered agent and to accept service of process for the above stated limit 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 statutes relating to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Registered Agent's Signature (CONTINUED)	8247-C NW 36TH ST	8247-C NW 36TH ST .			
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: STEVE KINLAW Name 8247-C NW 36TH ST Florida street address (P.O. Box NOT acceptable) MIAMI FL 33166 City, State, and Zip Having been named as registered agent and to accept service of process for the above stated limit 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 statutes relating to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Registered Agent's Signature (CONTINUED)					
The name and the Florida street address of the registered agent are: STEVE KINLAW Name 8247-C NW 36TH ST Florida street address (P.O. Box NOT acceptable) MIAMI FL 33166 City, State, and Zip Having been named as registered agent and to accept service of process for the above stated limit 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 statutes relating to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Registered Agent's Signature (CONTINUED)					
Name 8247-C NW 36TH ST Florida street address (P.O. Box NOT acceptable) MIAMI FL 33168 City, State, and Zip Having been named as registered agent and to accept service of process for the above stated limit llability 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 statutes relating to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Registered Agent's Signature (CONTINUED)					
Name 8247-C NW 36TH ST Florida street address (P.O. Box NOT acceptable) MIAMI FL 33168 City, State, and Zip Having been named as registered agent and to accept service of process for the above stated limit llability 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 statutes relating to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Registered Agent's Signature (CONTINUED)	Sī	TEVE KINLAW			
Florida street address (P.O. Box NOT acceptable) MIAMI FL 33166 City, State, and Zip Having been named as registered agent and to accept service of process for the above stated limit liability company at the place designated in this certificate, I hereby accept the appointment of statutes relating to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Registered Agent's Signature (CONTINUED)					
Florida street address (P.O. Box NOT acceptable) MIAMI FL 33166 City, State, and Zip Having been named as registered agent and to accept service of process for the above stated limit liability company at the place designated in this certificate, I hereby accept the appointment of statutes relating to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Registered Agent's Signature (CONTINUED)	a.	247. C NIM 20TH OT			
MIAMI FL 33166 City, State, and Zip Having been named as registered agent and to accept service of process for the above stated limit 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 statutes relating to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Registered Agent's Signature (CONTINUED)					
City, State, and Zip Having been named as registered agent and to accept service of process for the above stated limit 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 statutes relating to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 608, F.S Registered Agent's Signature (CONTINUED)	, 1.07.				
Having been named as registered agent and to accept service of process for the above stated limit 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 statutes relating to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 608, F.S Registered Agent's Signature (CONTINUED)					
	liability company at the place design registered agent and agree to act in the statutes relating to the proper and confidence accept the obligations of my position.	gnated in this certificate, I hereby accept the appointment as its capacity. I further agree to comply with the provisions of all simplete performance of my duties, and I am familiar with and on as registered agent as provided for in Chapter 608, F.S			
	(f	CONTINUED)			
		P. ■ D			

(((H05000029416)))

Title:	Name and Address:	
"MGR" = Manager	Timesh there . That sales	
"MGRM" = Managing Member		
MGRM	NOREEN M.ZAMBRANA M.D.	
	8247-C NW 36TH ST	
	MIAMI, FL 33166	
MGRM	STEVE KINLAW	
WIGRIN	8247-C NW 36TH ST	
	MIAMI, FL 33166	 ·
-	Markag 1 C 00 ID0	
•		
	- · ·	
and the second s	·	·
بها بالمصدرية		
	· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)		
(One management of management)		'
NOTE: An additional article mus	st be added if an effective date is requested.	•
	t be added if an effective date is requested.	•
NOTE: An additional article mus REQUIRED SIGNATURE:	t be added if an effective date is requested.	·
	at be added if an effective date is requested.	·
	at be added if an effective date is requested.	·
REQUIRED SIGNATURE:	3/	·
REQUIRED SIGNATURE:	of an authorized representative of a member.	·
REQUIRED SIGNATURE:	c/c go authorized representative of a member. Her 608.408(3), Ploride Statutes, the essention tests on officeration under the penalties of perjuty	·
REQUIRED SIGNATURE:	c/c go authorized representative of a member. Her 608.408(3), Ploride Statutes, the essention tests on officeration under the penalties of perjuty	•,
REQUIRED SIGNATURE: Signature of a scaper (in accordance with second for the fact stated bare	c/c go authorized representative of a member. Her 608.408(3), Ploride Statutes, the essention tests on officeration under the penalties of perjuty	05
REQUIRED SIGNATURE: Signature of a scaper (in accordance with second for the fact stands because the	of an authorized representative of a member. They 600.400(3), Ployida Statutes, the concention testes as afficultains under the penalties of purjecy cite are from.	05
REQUIRED SIGNATURE:	The government representative of a member. The 668.408(3), Plorida Statutes, the concention to the same form to be a self-contained wider the penalties of perjusy one are tour. REEN M. ZAMBRANA M.D.	05
REQUIRED SIGNATURE: Signature of a scaper (in accordance with second for the fact stands because the	The government representative of a member. The 668.408(3), Plorida Statutes, the concention to the same form to be a self-contained wider the penalties of perjusy one are tour. REEN M. ZAMBRANA M.D.	F1LE 05 FEB -3
REQUIRED SIGNATURE: (In accordance with second sec	The gas authorized representative of a member. The Sta 408(3), Ploride Statutes, the conception to the penalties of perjusy cite are street. REEN M. ZAMBRANA M.D. The penalties of perjusy cite are penalties of perjusy cite are street. A Provide the penalties of perjusy cite are street. A Provide the penalties of perjusy cite are street.	F1LE 05 FEB -3
REQUIRED SIGNATURE: In second with second	The gas authorized representative of a member. The Sta 408(3), Ploride Statutes, the conception to the penalties of perjusy cite are street. REEN M. ZAMBRANA M.D. The penalties of perjusy cite are penalties of perjusy cite are street. A Provide the penalties of perjusy cite are street. A Provide the penalties of perjusy cite are street.	FILED 05 FEB -3 AM
REQUIRED SIGNATURE: (In accordance with second sec	The sea authorized representative of a member. The SEA 408(3), Florida Statutes, the connection to the sea of periods of	F1LE 05 FEB -3