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# Florida Department of State
## Division of Corporations
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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

FILED
2005 MAR -3 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
05 MAR -3 AM 7:44
DIVISION OF CORPORATION

# LIMITED LIABILITY COMPANY

03/04/05

## latin medical group, llc

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

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Electronic Filing Menu  Corporate Filing  Public Access Help

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(3)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**
The name of the Limited Liability Company is:

Latin Medical Group, LLC

**ARTICLE II - Address:**
The mailing address and street address of the principal office of the Limited Liability Company is:

| Principal Office Address: | Mailing Address: |
|---|---|
| 752 West Flagler Street, Suite 107 | 752 West Flagler Street, Suite 107 |
| Miami, Florida 33130 | Miami, Florida 33130 |

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Javier Regalado
Name

1970 SW 33 Court
Florida street address (P.O. Box NOT acceptable)

Miami, Fl 33145 FL
City, State, and Zip

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TALLAHASSEE, FLORIDA

*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.*

X
Registered Agent's Signature

(CONTINUED)



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**ARTICLE IV- Manager(s) or Managing Member(s):**
The name and address of each Manager or Managing Member is as follows:

| Title:<br>"MGR" = Manager<br>"MGRM" = Managing Member | Name and Address: |
|---|---|
| MGRM | JAVIER REGALADO<br>1970 SW 33 COURT<br>MIAMI, FL 33145 |
| MGRM | MIGDALIA ALONSO<br>158 NW 18 CT<br>MIAMI, FLORIDA 33125 |
| MGRM | RAMIRO CORO<br>327 WEST 49 STREET<br>HIALEAH, FLORIDA |
| | |

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Javier C. Regalado
Typed or printed name of signee

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TALLAHASSEE, FLORIDA

**Filing Fees:**

$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
$ 30.00 Certified Copy (Optional)
$ 5.00 Certificate of Status (Optional)



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