

L060000025661

Florida Department of State
Division of Corporations
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(((H06000060929 3)))

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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

FLORIDA/FOREIGN LIMITED LIABILITY CO.

md & a associates pllc

Certificate of Status	0
Certified Copy	1
Page Count	03
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Corporate Filing Menu

Help



March 8, 2006

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EMPIRE

SUBJECT: MD & A ASSOCIATES PLLC
REF: W06000011170

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The specific purpose of the entity must be set forth in the document.

A limited liability company may not serve as its own registered agent. Please designate an individual or an active entity, with a Florida street address. A post office box is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Naysa Culligan
Document Specialist

FAX Aud. #: H06000060929
Letter Number: 406A00016025

P.O BOX 6327 - Tallahassee, Florida 32314

How do you do?

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

Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.")

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

Mailing Address:

3100 SW 135 TERRACE

DAVIE FL 33330

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

MANUEL GAINZA

News

Florida street address (P.O. Box NOT acceptable)

FI

City, State, and Zip

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 (REQUIRED)

Page 1 of 2

WIDOWED 60929

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

MANUEL GAINZA

3100 SW 135 TERRACE

DAVIE FL 33330

MGR

DAISY GAINZA

3100 SW 135 TERRACE

DAVIE FL 33330

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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.)

MANUEL GAINZA

Typed or printed name of signer

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)

FILED
06 MAR -9 AM 9:01
TALLAHASSEE, FLORIDA

TOTAL P.05.

Handwritten signature

- Attachment -

ARTICLE VI - Purpose:
The specific purpose of the entity is:
Medical Services

Handwritten signature