

L15000122182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

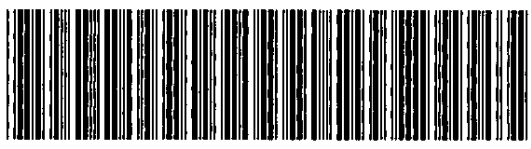
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
  
~~15-46328~~

Office Use Only



800274721508

07/06/15--01031--004 \*\*125.00

EFFECTIVE DATE  
7-1-15

FILED  
2015 JUL -6 AM 10:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

~~189 10357 2976~~

JUL 22 2015  
T. BROWN

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Maximiliano Velasco, MD, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jorge Doimeadios  
Name of Person

CNSGroup Management, LLC  
Firm/Company

10101 S. Dixie Highway  
Address

Miami, FL 33156  
City/State and Zip Code

jdoimeadios@thecnsgroup.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jorge Doimeadios at (786) 456-4107  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee     \$130.00 Filing Fee & Certificate of Status     \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)     \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 9, 2015

JORGE DOIMEADIOS  
CBSGROUP MANAGEMENT, LLC  
10101 S DIXIE HWY  
MIAMI, FL 33156

SUBJECT: MAXIMILIANO VELASCO. MD. LLC  
Ref. Number: W15000046328

We have received your document for MAXIMILIANO VELASCO. MD. LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

Please note the name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The following suffixes are no longer acceptable: "Limited Company," "L.C.," "LC.," "Ltd.," and "Co."

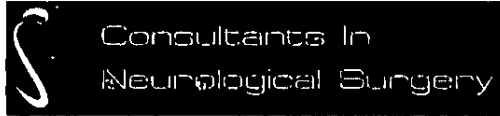
The document number of the name conflict is P10000056064.

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) 245-6052.

Teresa Brown  
Regulatory Specialist II

Letter Number: 115A00014378



Consultants in Neurological Surgery, LLP  
10101 South Dixie Highway  
Miami, FL 33156  
Office: 786-456-4107  
Fax: 786-376-8908

July 16, 2015

Florida Department of State  
Division of Corporations  
Attn: Teresa Brown, Regulatory Specialist II  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Maximiliano Velasco, MD PA, LLC

To Whom It May Concern,

As per telephone conversation of 07/15/2015, Attached you will find a letter authorizing the name to be used in the Document Number P10000056064.

Please do not hesitate to call if you have any questions.

Thank you,  
  
Maria J Rioséco

Bookkeeper

RECEIVED  
15 JUL 20 PM 12:52



Maximiliano Velasco, MD, LLC  
10101 South Dixie Highway, Miami, FL 33156  
Office: 786-504-0904 Fax: 786-504-0899

July 15, 2015

Florida Department of State  
Division of Corporations  
Attn: Teresa Brown, Regulatory Specialist II  
P.O. Box 6327  
Tallahassee, FL 32314

Re: MAXIMILIANO VELASCO, M.D., P.A. - Document Number P10000056064 and  
MAXIMILIANO VELASCO, M.D., LLC - P15000046328

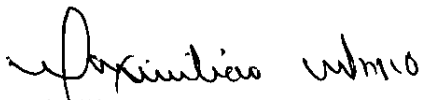
Dear Ms. Brown:

Based on a conversation with your office today, my office clarified to the Division that the above referenced MD, PA and the LLC are for the benefit of the same individual, myself - Dr. Maximiliano Velasco.

I understand the similarity to my other existing entity, notwithstanding, please accept this filing as is as each will carry a different FEIN and the distinction that one was filed as a P.A. but the new one is filed as LLC.

Please do not hesitate to call me if you need any further clarification.

Sincerely,

  
Maximiliano Velasco, MD  
Director

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Maximiliano Velasco, MD, LLC

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

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

10101 S. Dixie Highwav. Miami, FL 33156

10101 S. Dixie Highwav. Miami, FL 33156

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

(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.)

EFFECTIVE DATE  
7-1-15

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

Maximiliano Velasco, MD

Name

10101 S. Dixie Highway

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

Miami

FL

33156

City

State

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 605, F.S..*

X *Maximiliano Velasco*  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Maximiliano Velasco, MD

10101 S. Dixie Highway

Miami, FL 33156

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 07/01/2015 (OPTIONAL)

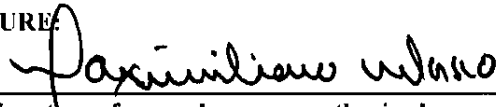
**(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)**

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE**

x 

**Signature of a member or an authorized representative of a member.**  
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of 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.)

Maximiliano Velasco

Typed or printed name of signee

**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)