

# Florida Department of State

# L20000032173

Division of Corporations  
Electronic Filing Cover Sheet

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

From: Account Name : PRONTO TAX & ACCOUNTING SERVICES, INC  
Account Number : I20090000095  
Phone : (305)267-1092  
Fax Number : (305)267-2819

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

Email Address: \_\_\_\_\_

## FLORIDA LIMITED LIABILITY CO. DOCTOR PETRUS LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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SECRETARY OF STATE  
TALLAHASSEE, FL

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CORPORATIONS  
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DOCTOR PETRUS LLC

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

ARTICLE II - Address:

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

Principal Office Address:  
8528 NW 108 CT  
MIAMI, FL 33178

Mailing Address:  
8528 NW 108 CT  
MIAMI, FL 33178

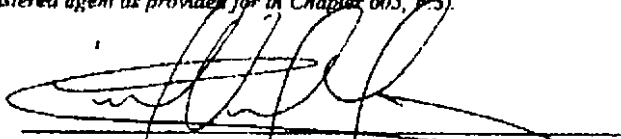
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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.)

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

PEDRO LVASQUEZ MENDOZA  
Name  
8528 NW 108 CT  
Florida Street address (P.O. Box NOT acceptable)  
MIAMI FL 33178  
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.

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**ARTICLE IV-**

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

**Title:**  
"AMBR" - Authorized Member  
"MGR" - Manager

**Name and Address:**

MGR

PEDRO I. VASQUEZ MENDOZA  
8528 NW 108 CT  
MIAMI, FL 33178

MGR

EGLANTINA DI MASE ZINGG  
8528 NW 108 CT  
MIAMI, FL 33178

(Use attachment if necessary)

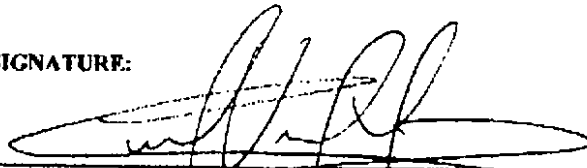
**ARTICLE V:** Effective date, if other than the date of filing :( OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

PEDRO I. VASQUEZ MENDOZA - 50% UNITS  
EGLANTINA DI MASE ZINGG - 50% UNITS

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.  
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

PEDRO I. VASQUEZ MENDOZA  
Typed or printed name of signee

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TALLAHASSEE, FL

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