Division of Corporations 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.

(((H20000340444 3)))



H200003404443ABCV

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)617-6381

From:

Email Address:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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

Ċ.

FLORIDA LIMITED LIABILITY CO. RIVER OAKS MEDICAL ASSOCIATES, PLLC

| Certificate of Status | 1 |
|-----------------------|----------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$130.00 |

Electronic Filing Menu

Corporate Filing Menu 💢 🔿 " Help

COT 0 _ 2020

ARTICLES OF ORGANIZATION OF RIVER OAKS MEDICAL ASSOCIATES, PLLC

a Florida Professional Limited Liability Company

ARTICLE I - Name:

The name of the Professional Limited Liability Company is:

RIVER OAKS MEDICAL ASSOCIATES, PLLC

ARTICLE II - Purpose:

The Professional Limited Liability Company is being formed for the practice of Medicine.

ARTICLE III - Address:

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

Principal Office AddressMailing Address50 Belmont Street50 Belmont StreetLabelle, FL 33935Labelle, FL 33935

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

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

PERRY F. SOFFERMAN, ESQ. KAUFMAN DOLOWICH & VOLUCK LLP 100 SE 3RD AVENUE, SUITE 1500 FORT LAUDERDALE, FL 33394

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.

Perry F. Sofferman, Esq.

By: Joseph Panholzer, Attorney-in-fact

ARTICLE V - Management:

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

Title: Name and Address:

Authorized Member DR. LIZETH DIAZ LEDESMA

50 Belmont Street Labelle, FL 33935

Authorized Member DR. EDGAR IVAN CARDENAS GOMEZ

50 Belmont Street Labelle, FL 33935

Authorized Member DR. RENAN PIMENTEL VALDIVIA

50 Belmont Street Labelle, FL 33935

ARTICLE VI - Existence:

The Professional Limited Liability Company's existence shall be effective September 30, 2020.

The undersigned authorized representative of a member executed these Articles of Organization on September 30, 2020.

Joseph Panholzer

Page 2 of 2