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2004 JUL 19 P 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

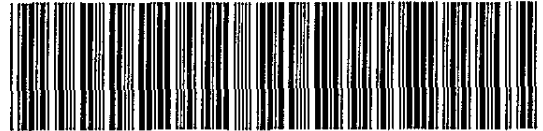
(Document Number)

Certified Copies _____

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**MOHAMMAD M. MASRI, MD FACS
GENERAL, ONCOLOGIC BREAST SURGERY
DIPLOMATE, AMERICAN BOARD OF SURGERY**

FILED

2004 JUL 19 P 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

July 7, 2004

**Florida Department of State
Division of Corporation
P.O. Box 6327
Tallahassee, FL 32314**

Re: LLC Filing Letter

I enclose the original of the proposed Articles of Organization of My SMBC Woman Center, LLC, a proposed domestic limited liability company. The effective date of operation is August 1, 2004.

Please file the enclosed Articles and return a certificate of formation, acknowledgment of proof of filing to me at the address shown below my signature. Payment is enclosed.

Sincerely,



**Mohammad M. Masri, MD
9055 SW 87th Avenue
Miami, FL. 33176**

TRANSMITTAL LETTER

FILED

TO: Registration Section
Division of Corporations

SUBJECT: MY SMBC WOMAN CENTER LLC
(Name of Limited Liability Company)

2004 JUL 19 P 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

MOHAMMAD M. MASRI MD FACS
(Name of Person)

MOHAMMAD M. MASRI MD PA
(Firm/Company)

9055 S.W. 87th AVENUE, SUITE 308
(Address)

MIAMI - FL 33176.
(City/State and Zip Code)

For further information concerning this matter, please call:

MOHAMMAD M. MASRI MD at (305) 412 4474
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

FILED

2004 JUL 19 P 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

MY SMBC WOMAN CENTER

ARTICLE II - Address:

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

Principal Office Address:

9055 SW 87th AVENUE

SUITE 308

MIAMI - FL 33176.

Mailing Address:

9055 SW 87th AVENUE

SUITE 308

MIAMI - FL 33176.

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

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

MOHAMMAD M. MASRI

9055 SW 87th AVENUE

Name

SUITE 308

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

MIAMI FLORIDA 33176

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, Florida Statutes..



Registered Agent's Signature

FILED

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

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

2004 JUL 19 P 1:47

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

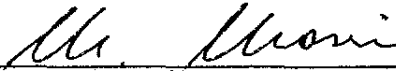
MGR

MOHAMMAD M. MASRI
9055 S.W. 87th AVE. SUITE 308
MIAMI - FL 33176

(Use attachment if necessary)

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

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.)

MOHAMMAD M. MASRI

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)