

L140000015788

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

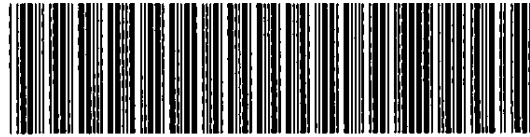
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status ☒

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Office Use Only



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11/14/13--01022--015 **130.00

EFFECTIVE DATE

1-30-14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

14 JAN 28 PM 12:18

FILED

JAN 29 2014

T. BROWN

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MARIO E. LITANO, M.D., PLLC
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:

Mario E. Litano, M.D.

Name of Person

Firm/Company

19660 NW 84 CT

Address

Hialeah, Florida 33015-6900

City/State and Zip Code

hcbcllc@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carlos A Gutierrez

Name of Person

954- 292-6217

at ()

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

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

Street/Courier Address

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 2, 2013

MARIO E. LITANO, M.D.
19660 NW 48 CT
HIALEAH, FL 33015-6900

SUBJECT: MARIO E. LITANO, M.D., P.A. LLC
Ref. Number: W13000065757

We have received your document for MARIO E. LITANO, M.D., P.A. LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "PA." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

The name of a professional limited liability company must end with P.L., P.L.C., P.L.L.C., PL, PLC, PLLC, PROFESSIONAL LIMITED COMPANY, CHARTERED, or PROFESSIONAL LIMITED LIABILITY COMPANY.

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

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) 245-6051.

Teresa Brown
Regulatory Specialist II

Letter Number: 813A00027410



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 31, 2013

MARIO E. LITANO, M.D.
19660 NW 48 CT
HIALEAH, FL 33015-6900

SUBJECT: MARIO E. LITANO, M.D., PLLC
Ref. Number: W13000065757

We have received your document for MARIO E. LITANO, M.D., PLLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

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

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) 245-6051.

Teresa Brown
Regulatory Specialist II

Letter Number: 413A00029401

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MARIO E. LITANO, M.D., PLLC

(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:

Mailing Address:

19660 NW 84 CT
HIALEAH, FLORIDA 33015-6900

19660 NW 84 CT
HIALEAH, FLORIDA 33015-6900

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:

CARLOS A. GUTIERREZ

Name

15522 FIORENZA CIRCLE

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

Deiray Beach

FL 33446

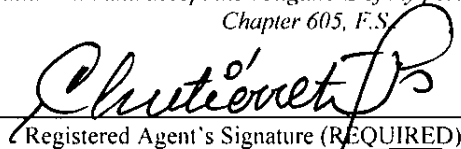
City

Zip

EFFECTIVE DATE

1-30-14

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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

MARIO E. LITANO M.D.

19660 NW 84 CT

HIALEAH, FLORIDA 33015-6900

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01/30/2014 (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.)

ARTICLE VI: Other provisions, if any.

THE MAIN PURPOSE OF THIS COMPANY IS TO PROVIDE PROFESSIONAL SERVICES AS PHYSICIAN, MEDICAL DOCTOR LICENSED IN THE STATE OF FLORIDA

REQUIRED SIGNATURE:



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.)

MARIO E. LITANO

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)