

Joseph A. Rodríguez, M.D.
Diplomate of the American Board of Family Practice

Weston Medical Suites
1845 N. Corporate Lakes Boulevard
Weston, FL 33326
(954) 791-2886
FAX (954) 789-7778

L00000000118

March 29, 1999

RE: Registration of P.L. with
filing (commencement) date:
4/1/99

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

700002827687--4
-04/02/99-01029-005
****346.25 ****346.25

Dear Sirs:

I wish to register a Professional Service Corporation as a P.
i.e. a Professional Limited Liability Company.

Enclosed find Articles of Organization and Affidavit, Designation
of Registered Agent. I wish a "Certified Copy" as well as a
"Certificate of Status".

Enclosed please find business check for \$346.25 to cover the
above.

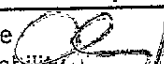








Sincerely,


Joseph A. Rodriguez, M.D.

jar

Enclosures: Articles of Organization and Affidavit
Designation of Registered Agent; check

L00-118

Name	
Availability	
Document	
Examiner	
Updater	
Editor	
Verifier	
Acknowledgment	
W. P. Verifier	



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

April 7, 1999

JOSEPH A. RODRIGUEZ
1845 N. CORPORATE LAKES BLVD.
WESTON MEDICAL SUITES
WESTON, FL 33326

SUBJECT: JOSEPH A. RODRIGUEZ, M.D., P.L.
Ref. Number: W99000008274

We have received your document for JOSEPH A. RODRIGUEZ, M.D., P.L. and your check(s) totaling \$346.25. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the names and street addresses of the members or managers of the limited liability company.

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

The effective date must be listed in the articles of organization.,

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline
Document Specialist

Letter Number: 999A00017486

FILED

APR 27 PM 5:00

SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Joseph A. Rodriguez, M.D., P.L.

PURPOSE: A clinical medical practice providing primary and episodic medical care.

ARTICLE II - Address:

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

1845 North Corporate Lakes Boulevard
Weston, FL 33326

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

Perpetual (commencing on "effective date": January 1, 2000)

ARTICLE IV - Management:

(Check the appropriate box and complete the statement)

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Joseph A. Rodriguez, M.D.
1845 North Corporate Lakes Boulevard
Weston, FL 33326

ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

The admission of additional members shall be allowed by the unanimous decision of existing members.

ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

The right shall be granted for the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Joseph A. Rodriguez, M.D.
Typed or printed name of signee

Filing Fee: \$250.00 for Articles and Affidavit

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Joseph A. Rodriguez, M.D., P.L.

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

Joseph A. Rodriguez, M.D.
(Name)

1845 North Corporate Lakes Boulevard
Florida street address (P.O. Box **NOT** ACCEPTABLE)

Weston FL 33326
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.


(Signature)

Filing Fee: \$ 35 for Designation of Registered Agent