

LOO 000000 2613

Requester's Name

Janella De Fera

Address

20013 NW 66th Place

City/State/Zip

Phone #

Miami, FL 33015

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #) **400003154704--1**  
-03/02/00--01074--015  
\*\*\*\*125.00 \*\*\*\*125.00
2. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
3. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)
4. \_\_\_\_\_ (Corporation Name) \_\_\_\_\_ (Document #)

☐ Walk in

☐ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of State

**NEW FILINGS**

- ☐ Profit
- ☐ Not for Profit
- ☐ Limited Liability
- ☐ Domestication
- ☐ Other

**AMENDMENTS**

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

**OTHER FILINGS**

- ☐ Annual Report
- ☐ Fictitious Name

**REGISTRATION/QUALIFICATION**

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

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TALLAHASSEE, FLORIDA

LOO-2613

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Examiner's Initials

SA

ARTICLES OF ORGANIZATION

OF

PINES MEDICAL GROUP, L.C.

The undersigned entities hereby form a limited liability company under the laws of the State of Florida.

ARTICLE I

NAME

The name and mailing/street address of the principal office of the company shall be:

Pines Medical Group, L.C.  
601 N. Flamingo Road, Suite 407  
Pembroke Pines, FL 33028

ARTICLE II

REGISTERED AGENT

The name of the registered agent and the street/ mailing address of the registered agent for the company shall be:

Lydia DeFeria  
601 N. Flamingo Road, Suite 407  
Pembroke Pines, FL 33028

ARTICLE III

ADMISSION OF ADDITIONAL MEMBERS

The members shall only allow additional members to be admitted, upon unanimous assent. The members reserve the right to set the cash and other contribution requirements for new members.

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ARTICLE IV

RIGHT TO CONTINUE BUSINESS

The remaining members of the company shall be authorized to continue the business following the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member, including any other occurrence that acts to terminate the continued membership of a member of the company.

ARTICLE V

MANAGEMENT OF THE COMPANY

The management of the company is reserved to the members. The managing members and Florida business addresses of those members are as follows:

Ernesto Fuentes, M.D., P.A.  
601 N. Flamingo Road, Suite 407  
Pembroke Pines, FL 33028

Armando A. DeFeria, M.D., P.A.  
601 N. Flamingo Road, Suite 407  
Pembroke Pines, FL 33028

ARTICLE IV

CONFLICT OF INTEREST

No contract between this company and another company or another individual shall be invalidated by reason of the fact that one or more of the officers or directors of this company are officers or directors of the said other company, or by reason of

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the fact that one or more of the officers or directors of this company may be the other individual or individuals contracting with this company.

ARTICLE VII

AMENDMENT

These ARTICLES OF ORGANIZATION may be amended in the manner provided by law. Every amendment shall be approved by majority vote of the members.

IN WITNESS WHEREOF, the undersigned has set his hand and seal this 19 day of January, 2000.

Ernesto Fuentes, M.D.,

BY: E. Fuentes

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ITS: Vice President / Treasurer

Armando A. DeFeria, M.D., P.A.

BY: Armando A. DeFeria

ITS: President

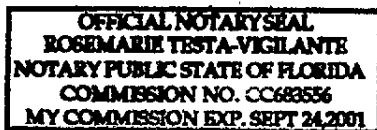
STATE OF FLORIDA

COUNTY OF Broward

BEFORE ME, a Notary Public, personally appeared Ernesto Fuentes, M.D., to me known to be the person described as the person executing these ARTICLES OF ORGANIZATION or has produced Personally Known To Me as identification and who executed the foregoing ARTICLES OF ORGANIZATION, and acknowledged before me that he subscribed to these ARTICLES OF ORGANIZATION and did/did not take an oath.

WITNESS my hand and official seal at Broward County, Florida, this 19 day of January, 2000.

My Commission Expires:



Rosemarie Vigilante  
NOTARY PUBLIC

STATE OF FLORIDA

COUNTY OF Broward

BEFORE ME, a Notary Public, personally appeared Armando DeFeria, M.D., to me known to be the person described as the person executing these ARTICLES OF ORGANIZATION or has produced Personally Known To Me as identification and who executed the foregoing ARTICLES OF ORGANIZATION, and acknowledged before me

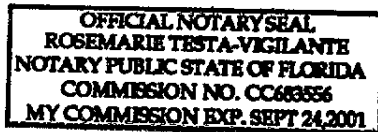
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that he subscribed to these ARTICLES OF ORGANIZATION and did/did not take an oath.

**WITNESS** my hand and official seal at Broward County, Florida, this 19 day of January, 2000.

My Commission Expires:

*Rosemarie Vigilante*  
NOTARY PUBLIC



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**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR  
DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS  
STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**

In pursuance of Chapter 608.415, Florida Statutes, the following is submitted, in compliance with said statute:

That Pines Medical Group, L.C., desiring to organize under the laws of the State of Florida, with its initial registered office, as indicated in the ARTICLES OF ORGANIZATION, has named **Lydia DeFeria**, 601 N. Flamingo Road, Suite 407 Pembroke Pines, FL 33028, County of Broward, State of Florida, as its agent to accept service of process within this State.

**ACKNOWLEDGMENT:**

Having been named to accept service of process for the above stated Company, at the place designated in this certificate, the undersigned hereby agrees to act in this capacity, is familiar with the requirements of this undertaking, and agrees to comply with the provisions of said statute relative to keeping open said office.

  
**Lydia DeFeria**

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