

DEC-20-00 04:11PM

FROM: AKERMAN SENTERFITT & EIDSON

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To:

Division of Corporations
Fax Number : (850) 922-4003

From: Nery C. Toledo, Legal Assistant

Account Name : AKERMAN, SENTERFITT & EIDSON, P.A.
Account Number : 075471001363
Phone : (305) 374-5600
Fax Number : (305) 374-5095

AL

LIMITED LIABILITY COMPANY

JANETT J. FONSECA, M.D. PLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

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**ARTICLES OF ORGANIZATION
FOR
JANETT J. FONSECA, M.D, PLC**

ARTICLE I - Name:

The name of the professional limited liability company is: **Janett J. Fonseca, M.D, PLC**

ARTICLE II - Nature of the Business:

The professional limited liability company will engage in the business of operating a medical practice.

ARTICLE III - Address:

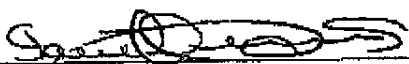
The mailing address and street address of the principal office of the professional limited liability company is: 9344 Bay Drive, Surfside, FL 33154.

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

The name and the Florida street address of the registered agent of the professional limited liability company are:

Janett J. Fonseca, M.D.
9344 Bay Drive, Surfside, FL 33154

Having been named as registered agent and to accept service of process for the above stated professional 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, F.S.


Janett J. Fonseca, M.D. Registered Agent

Article V - Management:

The professional limited liability company is to be managed by one member or more members and is, therefore, a member - managed Limited Liability Company.


Janett J. Fonseca, M.D. Member

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