



L010000020687

ACCOUNT NO. : 072100000032

REFERENCE : 972456 7292952

AUTHORIZATION : *Patricia Pizub*

COST LIMIT : \$ 125.00

ORDER DATE : November 20, 2001

ORDER TIME : 10:0 AM

ORDER NO. : 972456-001

CUSTOMER NO: 7292952

CUSTOMER: Dr. Enrique Dominguez
Dr. Enrique Dominguez

17139 Sw 49th Place

Miramar, FL 33027

RECEIVED
01 NOV 30 PM 12:59
DEPARTMENT OF STATE
DIVISION OF CORPORATE
AFFAIRS, FLORIDA

DOMESTIC FILING

NAME: DOCTORS RESOURCE NETWORK, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

800004700328--2

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Darlene Ward - EXT. 1135

EXAMINER'S INITIALS:

APPROVED
AND
FILED
01 NOV 30 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
JB
11-30-01

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DOCTORS RESOURCE NETWORK, LLC

ARTICLE II - Address:

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

17139 Southwest 49th Place, Miramar, Florida 33027

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

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

Corporation Service Company
Name
1201 Hays Street
Florida street address (P.O. Box **NOT** acceptable)
Tallahassee FL 32301
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, F.S.

Corporation Service Company
By: Laura R. Dunlap
Registered Agent's Signature

Article IV - Management (Check box if applicable.)

- ☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Laura R. Dunlap
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.)

Laura R. Dunlap
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)

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MANAGING MEMBERS OF DOCTORS RESOURCE NETWORK, LLC

Jesus Ortiz - .. 3610 Yacht Club Drive
Managing Member #1014
Aventura, Florida 33180

Enrique Dominguez 17139 Southwest 49th Place
Managing Member Miramar, Florida 33027

dew

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED POWER OF ATTORNEY

The undersigned hereby designates Corporation Service Company ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of DOCTORS RESOURCE NETWORK, LLC (the "LLC"), a Florida limited liability company, for the further purpose of filing such Articles of Organization with the State of Florida Department of State, and for no other purpose. The power granted hereby shall be exercisable and effective upon execution of the Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization of the LLC with the State of Florida Department of State. All parties who review the original or a copy of this Limited Power of Attorney may rely upon it and the exercise of the limited power granted herein without making further inquiry as to the matters described herein or the authority of CSC to act hereunder.

This Limited Power of Attorney is executed on this 29th day of November, 2001.


SignatureENRIQUE DOMINGUEZ
Print Name of Signer

WITNESS:


SignatureYAMILKA DE ORTIZ
Print Name of Witness

WITNESS:


SignatureJESUS D. ORTIZ
Print Name of WitnessAPPROVED
AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA