

601000022750



ACCOUNT NO. : 072100000032

REFERENCE : 540047 9594A

AUTHORIZATION :

COST LIMIT : \$ PPD

ORDER DATE : December 27, 2001

ORDER TIME : 11:10 AM

ORDER NO. : 540047-005

CUSTOMER NO: 9594A

CUSTOMER: Sylvia Ibanez, Esq
Silvia S. Ibanez, Esq

Suite 196
3956 Town Center Blvd.
Orlando, FL 32837

200004741372--7
-12/27/01--01044--020
****125.00 ****125.00

200004741372--7
-12/27/01--01044--021
*****5.00 *****5.00

DOMESTIC FILING

NAME: EDWARD F. SAFILLE, M.D. P.L.C.

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson - EXT. 1155

EXAMINER'S INITIALS:

RECEIVED
01 DEC 27 PM 12: 59
DIVISION OF CORPORATION

FILED
01 DEC 27 PM 5: 00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

601-22750
QR



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

December 27, 2001

JANNA WILSON
CSC
TALLAHASSEE, FL 32301

SUBJECT: EDWARD F. SAFILLE M.D. P.L.C.
Ref. Number: W01000029461

We have received your document for EDWARD F. SAFILLE M.D. P.L.C. 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 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) 245-6913.

Diane Cushing
Corporate Specialist

Letter Number: 701A00067323

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

01 DEC 27 PM 5:00

FILED

RESUBMIT

Please give original
submission date as file date.

RESUBMIT

Please give original
submission date as file date.

01 DEC 28 11:11 AM
TALLAHASSEE, FLORIDA
01 DEC 28 11:11 AM
TALLAHASSEE, FLORIDA

PROFESSIONAL
ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EDWARD F. SAFILLE M.D. P.L.C.**ARTICLE II - Address:**

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

4201 PALM AVE, 2ND FLOOR, HIALEAH, FL 33012**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Silvia Ibanez Esq.

Name

7380 SAND LAKE RD. - ST. 500Florida street address (P.O. Box **NOT** acceptable)ORLANDO, FL, 32819

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.

Silvia Ibanez
Registered Agent's Signature

Article IV - Management (Check box if applicable.)

- ☒ The Limited Liability Company is to be a manager-managed company.
☐ The Limited Liability Company is to be managed by the members.

ARTICLE V - Professional Limited Liability Company

This limited liability company shall be a professional limited liability company under Florida statutes chapter 621. The business of the company is limited to the one profession of MEDICINE and no person or entity shall be admitted as member unless he, she or it is qualified to practice this profession. Further, no interest can be sold except to someone so qualified.

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

Edward F. Safille
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.)

EDWARD F. SAFILLE M.D.

Typed or printed name of signer

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)

FILED
01 DEC 27 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA