

# L020000003502

## ATTORNEYS' TITLE

Requestor's Name

660 E. Jefferson St.

Address

Tallahassee, FL 32301

850-222-2785

City/ST/Zip

Phone #

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

- 1- NURIA LAWSON, M.D., P.L.
- 2- \_\_\_\_\_
- 3- \_\_\_\_\_
- 4- \_\_\_\_\_

600004915376--4  
-02/13/02--01062--021  
\*\*\*\*\*125.00 \*\*\*\*\*125.00

- ☒ Walk-in ☐ Pick-up time ASAP ☐ Certified Copy
- ☐ Mail-out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

RECEIVED  
02 FEB 13 PM 12:22  
TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
02 FEB 13 AM 11:45

**ARTICLES OF ORGANIZATION  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I. Name**

The name of the Limited Liability Company is **NURIA LAWSON, M.D., P.L.**

**ARTICLE II. – Address**

The mailing address and street address of the principal office of the Limited Liability Company is 7100 West 20<sup>th</sup> Avenue, Suite G-126, Hialeah, Florida 33016

**ARTICLE III. – Nature of Business:**

The general nature of the business to be transacted by this Limited Liability Company is:

- (a) To engage in every phase and aspect of the business of rendering to the public the same professional services that a medical doctor duly licensed under the laws of the State of Florida is authorized to render, but such professional services shall be rendered only through the company's officers, employees and agents who are duly licensed or otherwise legally authorized under the laws of the State of Florida to practice medicine in this State.
- (b) To invest its funds in real estate, mortgages, stocks, bonds or any other type of investments and to own real and personal property necessary for the rendering of the above described professional services.
- (c) To do all and everything necessary and proper for the accomplishment of any of the objects or purposes enumerated in these Articles of Organization or any amendment hereto, or in furtherance thereof or necessary or incidental to the protection and benefit of the company and, in general, either alone or in association with other corporations, firms, or individuals, to carry on any lawful pursuit necessary or incidental to the accomplishment of the purposes or the attainment of the objectives or the furtherance of such purposes or objectives for which this company is formed, and to have all the powers conferred upon this company by the laws of the State of Florida or of any other state or country and not prohibited by the Florida Professional Services Corporation and Limited Liability Company Act.


This instrument was prepared by:  
Jorge Sanchez-Galarraga, P.A.  
1313 Ponce de Leon Boulevard  
Suite 301  
Coral Gables, Florida 33134-3343

**ARTICLE IV. – Registered Agent, Registered Office  
and Registered Agent's Signature**

The name and the Florida street address of the registered agent are Nuria Lawson, M.D., at 7100 West 20<sup>th</sup> Avenue, Suite G-126, Hialeah, Florida 33016.


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.

Registered Agent:

  
Nuria Lawson, M.D.

**ARTICLE III. – Management:**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company. The name and address of the initial manager who is to serve as manager is Nuria Lawson, M.D. at 7100 West 20<sup>th</sup> Avenue, Suite G-126, Hialeah, Florida 33016.

  
Nuria Lawson, M.D.

Signature of a member or 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.

This instrument was prepared by:  
Jorge Sanchez-Galarraga, P.A.  
1313 Ponce de Leon Boulevard  
Suite 301  
Coral Gables, Florida 33134-3343

02 FEB 13 PM 12:22  
CLERK OF DISTRICT COURT  
HALL COUNTY, FLORIDA