

# L020000007573

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CORAL GABLES, FL 33134 305-444-4994

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OFFICE USE ONLY

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

1. PHYSICIANS ASSOCIATES GROUP, LLC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

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☐ Certificate of Status

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-03/29/02--01036--005  
\*\*\*\*620.00 \*\*\*\*155.00

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<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

**ARTICLES OF ORGANIZATION  
FOR THE FLORIDA LIMITED LIABILITY COMPANY KNOWN AS:**

**PHYSICIANS ASSOCIATES GROUP, LLC**

**Article I - Name**

The name of the limited liability company is: **PHYSICIANS ASSOCIATES GROUP, LLC**

**Article II - Address**

The mailing address and street address of the principal office of the limited liability company is: **293 SW 27<sup>th</sup> Avenue, Miami, Florida 33135**

**Article III - Duration**

The period of duration for the limited liability company shall be: 99 years.

**Article IV - Management**

The limited liability company is to be managed by the manager whose name is set forth below, without definite tenure and subject to the oversight of the Company's Member Board listed in the Company's Operating Agreement, and the name(s) and address(es) of the manager(s) is/are: **Ileana Pinero-Botifoll, 293 SW 27<sup>th</sup> Avenue, Miami, Florida 33135.**

**Article V - Admission of Additional Members**

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be: As set forth in the Operating Agreement of the Company.

**Article VI - Members Rights to Continue Business**

The right, if given, of the remaining members of the limited liability company to continue the business of the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be: As set forth in the Operating Agreement of the Company.

**Article VII - Indemnification**

The company shall indemnify any manager or member or any former manager or member to the full extent permitted by law.

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**Article VIII - Amendments**

This company reserves the right to amend or repeal any provision contained in these Articles, or any amendment thereto, and any right conferred upon the members is subject to this reservation.

  
Ileana Pinero-Botifoll

**CERTIFICATE OF DESIGNATION OF REGISTERED  
AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE, REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

**PHYSICIANS ASSOCIATES GROUP, LLC**

2. The name and address of the registered agent and office is:

**Ileana Pinero-Botifoll, 293 SW 27<sup>th</sup> Avenue, Miami, Florida 33135**

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.

  
Ileana Pinero-Botifoll

\_\_\_\_\_  
Date

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