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Charter Number Only A L I D A T 0 Requestor's Nam 0 Address N L City State Phone **CORPORATION(S) NAME DIT** Toll Free: 1-800-432-3028) Profit) NonProfit () Amendment () Merger) Foreign) Dissolution () Mark) Limited Partnership) Annual Report Other |) Reinstatement) Reservation) Change of Registered Agent **Certified Copy**) Photo Copies () Certificate Under Seal) Call When Ready) Call if Problem () After 4:30 /) Walk In () Will Walt Pick Up Neme Availability Document Examiner

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W.P. Verifier

January 27, 2003

EMPIRE

SUBJECT: DR. JOSETTE SALAZAR, LLC

Ref. Number: W03000002393

We have received your document for DR. JOSETTE SALAZAR, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6958.

Lee Rivers Document Specialist

Letter Number: 103A00005050

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:
Dr. Josette Salazar, LCC
ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:
1023 E. Livingston St. Orlando Fl. 32803
Orlando Fl. 32803
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
Joseffe Saloggar
Joseffe Salor 3ar Name 1023 E. Livin som st.
1073 E. Livingsmot.
Florida street address (P.O. Box NOT acceptable) Or land Fi FL 3250
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 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 baradded if an effective date is requested) Signature of a member or as 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.) To Sette Salazav Typed or printed name of signee

\$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)