

LD3000014367

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200016365032

04/22/08--01007--018 **125.00

W4/22

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 APR 21 PM 3:03

51

JONATHAN B. ALPER

ATTORNEY AT LAW
274 KIPLING COURT
HEATHROW, FL 32746

TELEPHONE: (407) 444-0404
E-MAIL: JONALPER@AOL.COM

April 18, 2003

Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RE: PEDRO A. CARMONA, M.D., P.L.C.

To Whom It May Concern:

Enclosed are the original and one copy of the Articles of Organization for PEDRO A. CARMONA, M.D., P.L.C. and a check in the amount of \$125 for filing fees. Please return a file date stamped copy in the envelope provided.

Sincerely,



Jackie Royal
Legal Assistant

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
APR 21 PM 3:03

Enc.

ARTICLES OF ORGANIZATION

FOR

PEDRO A. CARMONA, M.D., P.L.C.

A FLORIDA PROFESSIONAL LIMITED LIABILITY COMPANY

The undersigned individual, licensed as a medical doctor in the State of Florida, acting as member for purposes of forming a professional limited liability company for profit under Chapter 621 and Chapter 608 of the Florida Statutes, does hereby adopt the following Articles of Organization.

ARTICLE I - NAME

The name of the professional limited liability company is **PEDRO A. CARMONA, M.D., P.L.C.**

ARTICLE II - PURPOSE

The general nature and purpose of the business to be transacted and carried on by the limited liability company is to engage in the practice of medicine and to carry on services incident thereto. The professional services of this limited liability company shall be carried out only through members, each of whom is a medical doctor licensed in the State of Florida.

ARTICLE II - ADDRESS

The mailing address of the principal office of the professional limited liability company is 951 N. Washington Avenue, Titusville, FL 32796 and the street address is 951 N. Washington Avenue, Titusville, FL 32796.

ARTICLE III - DURATION

The period of duration for the professional limited liability company is perpetual.

ARTICLE IV - MANAGEMENT

The professional limited liability company is to be managed by the members and the name and address of the managing member is:

Pedro A. Carmona, M.D.
951 N. Washington Avenue
Titusville, FL 32796

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
JAN 21 PM 3:03

ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS

Additional members may be admitted with the unanimous consent of all Members.

ARTICLE VI - MEMBERS RIGHT TO CONTINUE BUSINESS

Remaining members of the professional limited liability company shall continue the business on 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 professional limited liability company.

ARTICLE VII - EFFECTIVE DATE

These Articles of Organization shall be effective upon filing.

In accordance with Sections 621.05 and 608.407, Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.



Pedro A. Carmona, M.D.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 APR 21 PM 3:03

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

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED PROFESSIONAL LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.


1. The name of the professional limited liability company is **PEDRO A. CARMONA, M.D., P.L.C.**

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

Pedro A. Carmona, M.D.

~~3420 Muirfield Drive~~ 3380 Hidden Hills Dr.

Titusville, FL 32780

96 

Having been named as registered agent and to accept service of process for the above stated professional limited liability company at the place designated on 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.


Pedro A. Carmona, M.D.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 APR 21 PM 3:03