

L03000018169

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☐ PICK-UP ☐ WAIT ☐ MAIL

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(Document Number)

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DIVISION OF CORPORATIONS
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State Name
 ROSA F. TURNER, M.D., P.A.
 7150 W. 20th Avenue
 Suite 605
 Hialeah, FL 33016

City/State/Zip Phone #

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

1. _____ (Corporation Name) _____ (Document #)
2. _____ (Corporation Name) _____ (Document #) **W03-12697**
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

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

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

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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	
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FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

May 2, 2003

ROSE F. TURNER, M.D., P.A.
7150 W. 20TH AVENUE, SUITE 605
HIALEAH, FL 33016

SUBJECT: THE ART OF BEING A GOOD PARENT
Ref. Number: W03000012697

We have received your document for THE ART OF BEING A GOOD PARENT, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$125.00.

We are enclosing the proper form(s) with instructions for your convenience.

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: 003A00027121

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Limited Liability Company
Articles of Organization
Of
THE ART OF BEING A GOOD PARENT,
LIMITED LIABILITY COMPANY

We, THE UNDERSIGNED, who intend to form and create a Limited Liability Company, PURSUANT TO THE Statutes of the State of Florida, do hereby state and certify the following:

1. The name of the Liability Company shall be THE ART OF BEING A GOOD PARENT, LIMITED LIABILITY COMPANY.
2. The registered office of the company is located at 7150 W. 20TH AVE., SUITE 605, city of HIALEAH, state of FL; its registered agent is ROSA F. TURNER, MD, for service of process.
3. The principal place of business of the Company is located at 7150 W. 20TH AVE., SUITE 605, city of HIALEAH, state of FL. The mailing address is the same.
4. The purpose for which the company is formed is to engage in any lawful acts or activities for which limited liability companies may be formed under laws of the above named State.
5. The company shall have a duration of 30 years and it shall dissolve at the end of said time frame.
6. Indemnification.
 - a. The company shall indemnify any person who is or was a party, who is threatened to be made a party, to any threatened, pending, or completed action, suit or proceeding, whether civil, criminal, administrative, or investigative, including all appeals, by reason of the fact that he or she is or was a member, managing member, or employee of the company, or is or was serving at the request of the company as a director, trustee, officer, or employee of another limited liability company, corporation, partnership, joint venture, trust, or other enterprise, against any and all expenses (including reasonable attorney's fees) judgments, decrees, fines, penalties, and amounts paid in settlement, which were actually and reasonably incurred by him or her in connection with such action, suit or proceeding, if he or she acted in good faith and in a manner which he or she reasonably incurred by him or her in connection with such action, suit or proceeding, if he or she acted in good faith and in a manner which he or she reasonably believed to be in, or at least not opposed to, the best

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- b. The foregoing indemnification shall not apply in the case of an action, suit, or proceeding instituted by one or more members of the company, if the claim, matter, or issue raised therein is determined by a court of competent jurisdiction to have resulted from the negligence or misconduct of the member(s) seeking indemnification; provided, however, that such indemnification shall nonetheless apply if, in view of all of the circumstances of the case, such court shall determine that such member(s) is/are fairly and reasonably entitled to indemnification, with respect to such expenses, judgments, decrees, fines, penalties, and amounts paid in settlement as determined by the court.
- c. Expenses of each person indemnified hereunder, incurred in defending against a civil, criminal, administrative, or investigative action, suit or proceeding (including all appeals), or threat thereof, may be paid by the company in advance of the final disposition of such action, suit, or proceeding, as authorized by a majority in interest of the members, upon receipt of an undertaking by such person to repay such amount unless it shall ultimately be determined that he or she is entitled to by indemnification by the company.

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9. The amount of capital each Member has contributed or has agreed to contribute:

Member	Capital Contributed
ROSA F. TURNER, MD	

Member	Capital Agreed to Contribute
ROSA F. TURNER, MD	

10. The company shall have the right to add additional Members according to the terms of the Operating Agreement
11. The Members may only discontinue business upon an event of dissolution only according the terms of the Operating Agreement
12. The company shall be initially organized with at least two Members.

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MANAGING MEMBERS

ROSA F. TURNER, MD

Printed Name

Rosa F. Turner, MD

Signature

Printed Name

Signature

MEMBERS

ROSA F. TURNER, MD

Printed Name

Rosa F. Turner, MD

Signature

Printed Name

Signature

Print Name

Signature

Signature

STATE OF)

COUNTY OF)

§

On the 23rd day of April, 2003 personally appeared
before me ROSA F. TURNER, the signer of the within instrument, who duly
acknowledged to me he executed the same.

Maggie Diaz
Notary Public

Maggie Diaz
Commission # DD100383
Expires March 14, 2006
Bonded Thru
Atlantic Bonding Co., Inc.

My commission expires:

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTICLE II - Address:

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

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Rosa F. Turner, MD
Name
7150 W. 20th AVE., #605
Florida street address (P.O. Box **NOT** acceptable)
Highland, FL 33016
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.

Rosa F. Turner MD
Registered Agent's Signature

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

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.)

Typed or printed name of signee

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)