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To: Division of Corporations  
Fax Number : (850)205-0383

From: Account Name : LAN OFFICES OF STEINBERG & ASSOCIATES, P.A.  
Account Number : T19980000980  
Phone : (305)538-2344  
Fax Number : (305)538-0419

LIMITED LIABILITY COMPANY

747 #607 PONCE DE LEON, LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name**

The name of the Limited Liability Company is:

**767 667 PONCE DE LEON, LLC**

**ARTICLE II - Address**

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

C/o GILBERT K. SQUIRES, P.L.  
767 Arthur Godfrey Road  
Miami Beach, FL 33140

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

The name and the Florida Street Address of the registered agent are (No PO Boxes):

Gilbert K. Squires, Esq.  
GILBERT K. SQUIRES, P.L.  
767 Arthur Godfrey Road  
Miami Beach, FL 33140

*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 in Chapter 503, F.S.*

Gilbert K. Squires, Esq.  
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.

Manager:

**GLORIA LOPEZ, M.D.**

**ARTICLE V - Effective Date**

The effective date of this Limited Liability Company is OCTOBER 15<sup>TH</sup>, 2003 or the date of filing if left blank.

Signature of a member or an authorized representative of a member

(In accordance with section 605.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**GLORIA LOPEZ, M.D.**

Typed or printed name of signee

GILBERT K. SQUIRES, P.L., 767 Arthur Godfrey Road, Miami Beach, Florida 33140-3413  
(305) 538-2344/Miami-Dade (954) 962-9622/Broward (305) 402-0388/Fax: office@gilbertsquires.com.com

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