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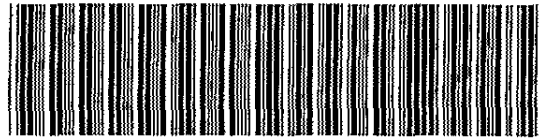
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03 DEC 22 AM 9:06

STATE
TALLAHASSEE, FLORIDA

204A00000109

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Professional Medical Management, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Iliane Dautreppe
(Name of Person)

C.M.C. Affiliates, Inc.
(Firm/Company)

861 S.W. 8 Street
(Address)

Miami, Florida 33130
(City/State and Zip Code)

For further information concerning this matter, please call:

Iliane Dautreppe at (305) 858-3433
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Professional Medical Management, LLC

ARTICLE II - Address:

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

Principal Office Address:

861 S.W. 8 Street

Miami, Florida 33130

Mailing Address:

Same as Principal Office

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

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

Iliane Dautreppe

Name

861 S.W. 8 Street

Florida street address (P.O. Box **NOT** acceptable)

Miami

FLORIDA 33130

City, State, and Zip

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STATE
TALLAHASSEE FLORIDA

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, Florida Statutes..

Iliane Dautreppe
Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Iliane Dautreppe

861 S.W. 8 Street

Miami, Florida 33130

MGR

Alberto P. Boladeres

861 S.W. 8 Street

Miami, Florida 33130

MGR

Ana Maria Lopez

861 S.W. 8 Street

Miami, Florida 33130

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


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.)

Iliane Dautreppe

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)