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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

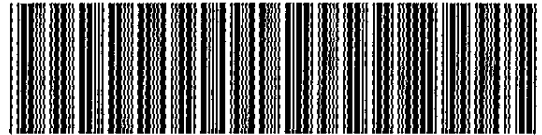
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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Cust

Roger Ramos, M.D.
10754 Versailles Boulevard
Wellington, Florida 33467
Tel.: (561) 386-4042

December 25, 2003

VIA FEDERAL EXPRESS

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Re: Articles of Organization/Original Appointment of Agent

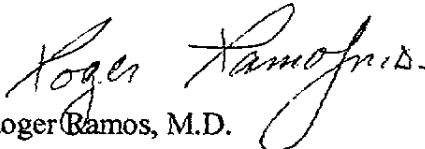
To Whom It May Concern:

Enclosed please find an original and one copy of Articles of Organization for Roger Ramos, M.D., PLC. Also enclosed you will find my check in the amount of \$125.00, which pays the filing fee of \$100.00 and the Registered Agent fee of \$25.00.

Please file and provide a "filed" copy to me, together with any information you commonly provide to new LLCs at the mailing address set forth above.

Please contact me if you require anything further. My daytime telephone number is (561) 386-4042.

Sincerely yours,


Roger Ramos, M.D.

Enclosures

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**ARTICLES OF ORGANIZATION
FOR
ROGER RAMOS, M.D., PLC**

The undersigned hereby forms a professional limited liability company under Chapters 608 and 621 of Florida Statutes.

ARTICLE I - Name

The name of the Limited Liability Company is: Roger Ramos, M.D., PLC

ARTICLE II - Address

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

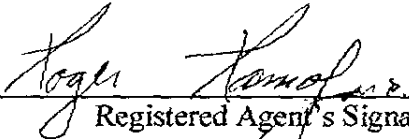
10754 Versailles Boulevard
Wellington, Florida 33467

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

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

Roger Ramos, M.D.
10754 Versailles Boulevard
Wellington, FL 33467

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 - Managing Member

The name and address of the Managing Member is as follows:

Title:

MGRM

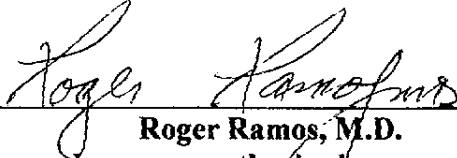
Name and Address:

Roger Ramos, M.D.
10754 Versailles Boulevard
Wellington, FL 33467

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Article V - Purpose and Members

The purpose of the Limited Liability Company is to engage in the practice of medicine for pecuniary profit in the State of Florida. All members of the limited liability company shall be professional service corporations, professional limited liability companies, or individuals, in any combination, duly licensed or otherwise legally authorized to practice medicine in the State of Florida.



Roger Ramos, M.D.

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.)

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