

L0400008880

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

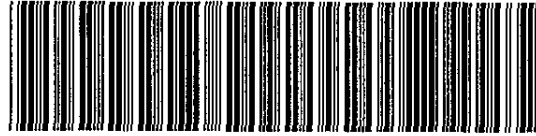
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*BR*

Office Use Only



200043020202

12/09/04 -01023-010 \*\*250.00

RECEIVED  
01 DEC -9 10:11:17  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
04 DEC -9 12:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

*Renato R. Alcedo M.D.,  
ABPN, LLC*

**FILED**  
04 DEC -9 PM 12:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- Art of Inc. File \_\_\_\_\_
- LTD Partnership File \_\_\_\_\_
- Foreign Corp. File \_\_\_\_\_
- L.C. File \_\_\_\_\_
- Fictitious Name File \_\_\_\_\_
- Trade/Service Mark \_\_\_\_\_
- Merger File \_\_\_\_\_
- Art. of Amend. File \_\_\_\_\_
- RA Resignation \_\_\_\_\_
- Dissolution / Withdrawal \_\_\_\_\_
- Annual Report / Reinstatement \_\_\_\_\_
- Cert. Copy \_\_\_\_\_
- Photo Copy \_\_\_\_\_
- Certificate of Good Standing \_\_\_\_\_
- Certificate of Status \_\_\_\_\_
- Certificate of Fictitious Name \_\_\_\_\_
- Corp Record Search \_\_\_\_\_
- Officer Search \_\_\_\_\_
- Fictitious Search \_\_\_\_\_
- Fictitious Owner Search \_\_\_\_\_
- Vehicle Search \_\_\_\_\_
- Driving Record \_\_\_\_\_
- UCC 1 or 3 File \_\_\_\_\_
- UCC 11 Search \_\_\_\_\_
- UCC 11 Retrieval \_\_\_\_\_
- Courier \_\_\_\_\_

Signature \_\_\_\_\_

Requested by: WC 12/9 11:00  
Name Date Time

Walk-In \_\_\_\_\_ Will Pick Up \_\_\_\_\_

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I-Name:

The name of the Limited Liability Company is: Renato R. Alcalde M.D., ABPN,LLC

## ARTICLE II-Address:

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

### Principal Office Address:

1881 SE Port St. Lucie Boulevard  
Port St. Lucie, Florida 34952

### Mailing Address:

P.O. Box 880746  
Port St. Lucie, Florida 34988

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

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

Renato R. Alcalde  
Name

8422 Iron Horse Court  
Florida Street address (P.O. Box Not acceptable)

West Palm Beach, Florida 33412  
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 the Chapter 608, F.S.,*

Renato R. Alcalde

Registered Agent's Signature

FILED  
DEC-9 PM 12:59  
TALLAHASSEE, FLORIDA

**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

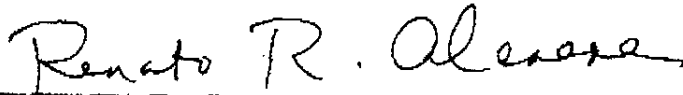
Renato R. Alcalde  
8422 Iron Horse Court  
West Palm Beach, Florida 33412

MGRM

Mirasol Alcalde  
8422 Iron Horse Court  
West Palm Beach, Florida 33412

**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.)

Renato R. Alcalde

Typed or printed name of signer