

LOS00000 9083

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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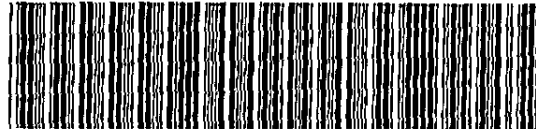
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2005 JAN 20 AM 11:57

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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** C&G, LLC

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

Please return all correspondence concerning this matter to the following:

Carlos G. Sanchez, M. D.  
9005 SW 68<sup>th</sup> Avenue  
Miami, FL 33156

For further information concerning this matter, please call:

Carlos G. Sanchez, M.D. at 305-668-6234.

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2005 JAN 20 AM 11:57  
SECRETARY OF STATE  
TALLAHASSEE, FL 32399

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

**ARTICLE 1- Name:**

The name of the Limited Liability Company is:

C & G, LLC

**ARTICLE II- Address:**

Principal Office Address:

9005 SW 68<sup>th</sup> Avenue  
Miami, FL 33156

Mailing Address:

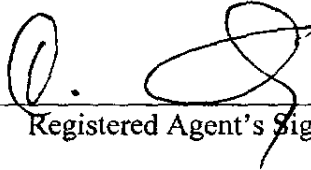
9005 SW 68<sup>th</sup> Avenue  
Miami, FL 33156

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

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

Carlos G. Sanchez, M. D.  
9005 SW 68<sup>th</sup> Avenue  
Miami, FL 33156

*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.*



Registered Agent's Signature

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2005 JAN 20 AM 11:04  
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TALLAHASSEE, FL

**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:**

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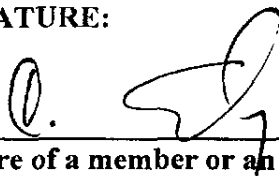
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TALLAHASSEE FLORIDA

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(Use attachment if necessary)

**NOTE: An additional article must be added if an effect 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 state herein are true.

Carlos G. Sanchez, M.D.  
Typed or printed name of signee