L05000021898

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000053996 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

FILED
2005 MAR -3 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
05 MAR -3 AM 7:44
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

03/04/05

latin medical group, llc

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	$155.00

Electronic Filing Menu Corporate Filing Public Access Help

H05000053996

(3)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Latin Medical Group, LLC

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
752 West Flagler Street, Suite 107	752 West Flagler Street, Suite 107
Miami, Florida 33130	Miami, Florida 33130

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

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

Javier Regalado
Name

1970 SW 33 Court
Florida street address (P.O. Box NOT acceptable)

Miami, Fl 33145 FL
City, State, and Zip

FILED
2005 MAR -3 AM 10:50
SECRETARY OF 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, F.S..

X
Registered Agent's Signature

(CONTINUED)

H05000053996

H05000053916

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	JAVIER REGALADO 1970 SW 33 COURT MIAMI, FL 33145
MGRM	MIGDALIA ALONSO 158 NW 18 CT MIAMI, FLORIDA 33125
MGRM	RAMIRO CORO 327 WEST 49 STREET HIALEAH, FLORIDA

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

X Javier L. Regalado
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.)

Javier L. Regalado
Typed or printed name of signee

FILED
2005 MAR -3 AM 10:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fees:

$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
$ 30.00 Certified Copy (Optional)
$ 5.00 Certificate of Status (Optional)

H05000053916