# L05000032672

(Req	juestor's Name)	
(Add	ress)	
(Add	iress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nan	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		
	K	





300049454393

04/05/05--01002--009 \*\*125.00

05 APR -4 PH 5: 10

SECNE JAIN STATE
PALLAHASSEE, FLORINA

SAPR-4 FILL OF

CORPDIRECT AGENTS, INC. (formerly CCRS) 103 N. MERIDIAN STREET, LOWER LEVEL TALLAHASSEE, FL 32301 222-1173

FILING COVER SHEET ACCT. #FCA-14

**CONTACT:** 

**KATIE WONSCH** 

DATE:

4/4/05

**REF. #:** 

0177.36531

CORP. NAME: AVENTURA PRIVATE PEDIATRICS, LLC

( ) ARTICLES OF INCORPORATION ( ) ARTICLES OF AMENDMENT

	` '	` • •
( ) ANNUAL REPORT	( ) TRADEMARK/SERVICE MARK	( ) FICTITIOUS NAME
) FOREIGN QUALIFICATION	( ) LIMITED PARTNERSHIP	( XX ) LIMITED LIABILITY
) REINSTATEMENT	( ) MERGER	( ) WITHDRAWAL
) CERTIFICATE OF CANCELLATIO	N	
) OTHER:		
	VITH CHECK# $512052$ fo	
	COST LI	MIT: \$
PLEASE RETURN:		
) CERTIFIED COPY ( )	CERTIFICATE OF GOOD STANDING	( XX ) PLAIN STAMPED COPY
) CERTIFICATE OF STATUS		

ALCON LANGE OF STORY

( ) ARTICLES OF DISSOLUTION

Examiner's Initials



## ARTICLES OF ORGANIZATION OF AVENTURA PRIVATE PEDIATRICS, LLC

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

#### ARTICLE I - Name:

The name of the limited liability company is:

#### AVENTURA PRIVATE PEDIATRICS, LLC

#### ARTICLE II — Address:

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

19030 N. E. 29th Avenue Aventura, Florida 33180

#### ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be perpetual.

#### ARTICLE IV - Registered Agent:

The name and address of the registered agent for service of process in the state shall be:

CorpDirect Agenta, Inc. 103 North Meridian Street, Lower Level Tallahassee, Florida 32301

#### ARTICLE V — Management;

The Limited Liability Company will be a member-managed company.

Warren M. Krantz, M.D., Member

### STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT AVENTURA PRIVATE PEDIATRICS, LLC

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent as provided for in Chapter 608, F.S.

CorpDirect Agents, Inc.

rint Name: 16 Access 15207

Print Title: Res Wort - mone Sino warm bon

Dated: April 3(, 2005