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To:

Division of Corporations

Fax Number : (850)205-0383

05 APR 26 PM 4: 02

Account Name : ACCOUNTING & BEYOND

Account Number: I19990000223 Phone : (813)998-9800 : (813)935-9982 Fax Number

LIMITED LIABILITY COMPANY

RANCHO SERRANO, LLC

Certificate of Status	θ
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing

Public Access Help

4. BETWEEN APR 2 7 2005

RTICLE I - Name: te name of the Limited Li	ability Company	/ is:	BILITY CONTRAINS
NCHO SERRANO, LLC			
-	cet address of th	e principal office of the Limited	7
rincipal Office Address:		Mailing Address:	**
S101 N. ARMENIA AVE.		5101 N. ARMENIA AVE.	
SUITE A		SUITE A	
AMPA, FL 33603			· · · · · · · · · · · · · · · · · · ·
	d Agent, Registe	rered Office, & Registered Age	nt's Signature:
ARTICLE III - Registered The name and the Florida s	-	ered Office, & Registered Age	nt's Signature:
ARTICLE III - Registered The name and the Florida s	treet address of t	ered Office, & Registered Age	nt's Signature:
ARTICLE III - Registered The name and the Florida st DESIRE	treet address of t	ered Office, & Registered Age: the registered agent are:	nt's Signature:
ARTICLE III - Registered the name and the Florida S	e SERRANO N ARMENIA AVE.,	ered Office, & Registered Age: the registered agent are:	
ARTICLE III - Registered The name and the Florida st DESIRE 5101 N.	e SERRANO N ARMENIA AVE.,	ered Office, & Registered Age: the registered agent are: ame SUITE A	
ARTICLE III - Registered The name and the Florida S DESIRE 5101 N.	E SERRANO N ARMENIA AVE., Florida stree	ered Office, & Registered Age: the registered agent are: ame SUITE A	

(CONTINUED)

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ARTICLE IV-Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager	Name and Address:	•
"MGRM" = Managing Member		
MGR	GUSTAVO SERRANO, MD	PAR 26
	5101 N. ARMENIA AVE., SUITE A	E8 30 11
	TAMPA, FL 33603	7
		影る万
MGRM	DESIREE SERRANO	, , , , , , , , , , , , , , , , , , ,
	5101 N. ARMENIA AVE., SUITE A	一部。至し
	TAMPA, FL 33603	75 9. 1.8 9. 1.8
•		Q7 5
		<u>.</u> 360 °
		一
•		
(Use attachment if necessary)		•

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.)

GUSTAVO SERRANO, MD

Typed or printed name of signee

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)

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