

L05000051646

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.**

(((H05000131196 3)))

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

RECEIVED

05 MAY 24 PM 3:58

DIVISION OF CORPORATIONS

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

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

05 MAY 24 AM 9:03

FILED

**LIMITED LIABILITY COMPANY**

**healthcare capital ventures, llc**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

5

105000131196  
**ARTICLES OF ORGANIZATION**

OF

**HEALTHCARE CAPITAL VENTURES, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

**ARTICLE I -- NAME**

The name of the limited liability company shall be HEALTHCARE CAPITAL VENTURES, LLC ("Company").

**ARTICLE II -- ADDRESS**

The mailing address and street address of the principal office of the company shall be: 2 Alhambra Plaza, Suite 860, CORAL GABLES, FLORIDA 33134.

**ARTICLE III -- DURATION**

The company shall commence its existence on the date these Articles of Organization are filed by the Florida Department of State. The company's existence shall be perpetual, unless the company is earlier dissolved as provided in these Articles of Organization.

**ARTICLE IV -- REGISTERED OFFICE AND AGENT**

The name and street address of the Registered Agent of the company in the State of Florida is CARLOS E. PADRON, 2 ALHAMBRA PLAZA, SUITE 860, CORAL GABLES, FLORIDA 33134.

**THIS INSTRUMENT PREPARED BY:**

Carlos E. Padron, Esquire  
Vila, Padron & Diaz, P.A.  
2 Alhambra Plaza, Suite 860  
CORAL GABLES, FL. 33134  
TELEPHONE (305) 481-4888  
FLORIDA BAR #886897

105000131196

05 MAY 24 AM 9:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## **ARTICLE V -- ADDITIONAL CAPITAL CONTRIBUTIONS**

*Each member shall make additional capital contributions to the company only on the unanimous consent of all the members.*

## **ARTICLE VI -- ADMISSION OF NEW MEMBERS**

*No additional members shall be admitted to the company except with the unanimous written consent of all the members of the company and on such terms and conditions as shall be determined by all the members. A member may transfer his or her interest in the company as set forth in the regulations of the company, but the transferee shall have no right to participate in the management of the business and affairs of the company or become a member unless all the other members of the company other than the member proposing to dispose of his or her interest approve of the proposed transfer by unanimous written consent.*

## **ARTICLE VII -- TERMINATION OF EXISTENCE**

*The company shall be dissolved on the death, bankruptcy, or dissolution of a member or manager, or on the occurrence of any other event that terminates the continued membership of a member in the company, unless the business of the company is continued by the consent of all the remaining members, provided there are at least two remaining members.*

## **ARTICLE VIII -- MANAGEMENT**

*The company shall be managed by its managers in accordance with regulations adopted by the members for the management of the business and affairs of the company. These regulations may contain any provisions for the regulation and management of the affairs of the company not inconsistent with law or these articles of organization. The name and address of the initial managers of the company is:*

**OSCAR J. VILA, III,  
CARLOS E. PADRON  
EVARIST MILIAN  
GUSTAVO PLASENCIA  
NESTOR PLASENCIA**

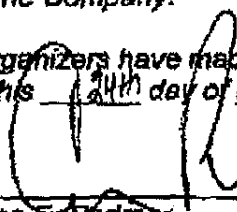
**At: 2 Alhambra Plaza, Suite 860, Coral Gables, Florida 33134**

05 MAY 21 AM 9:03  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE IX - INDEMNIFICATION AND LIABILITY**

The Company may, as determined by the managers of the Company, indemnify and advance expenses to a Member, Manager, employee or agent of the Company in connection with any proceeding, to the extent permitted by and in accordance with applicable laws and statutes and the regulations of the Company.

IN WITNESS WHEREOF, the undersigned organizers have made and subscribed these Articles of Organization in Miami, Florida, on this 24th day of May, 2005.

  
\_\_\_\_\_  
Carlos E. Padron  
Manager

STATE OF FLORIDA

COUNTY OF DADE

)  
)  
) ss.

Before me, a Notary Public authorized in the State and County set forth above, personally appeared CARLOS E. PADRON known to me and known by me to be the persons, who, as organizer, executed the foregoing Articles of Organization and acknowledged before me that he executed those Articles of Organization.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the State and County aforesaid, this 24th day of May, 2005.

  
\_\_\_\_\_  
NOTARY PUBLIC  
STATE OF FLORIDA

My Commission Expires:



SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

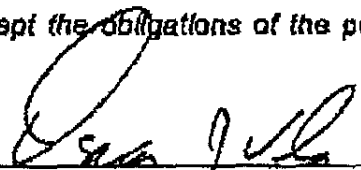
05 MAY 24 AM 9:03

FILED

HOS 000131196

**ACCEPTANCE OF REGISTERED AGENT**

The undersigned, being the person named in the articles of organization of **HEALTHCARE CAPITAL VENTURES, LLC** as the Registered Agent of this limited liability company, hereby consents to accept service of process for the above stated company at the place designated in the Articles of Organization, and accepts the appointment as Registered Agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of his or her duties, and is familiar with and accept the obligations of the position of Registered Agent.

  
 OSCAR J. VILA, III  
 Registered Agent

SECRETARY OF STATE  
 MIAMI-DADE  
 FLORIDA

05 MAY 24 AM 9:03

FILED

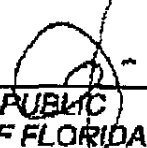
STATE OF FLORIDA

COUNTY OF MIAMI-DADE

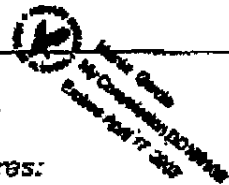
ss.

Before me, a Notary Public authorized in the State and County set forth above, personally appeared **OSCAR J. VILA, III**, known to me and known by me to be the person, who, as registered agent, executed the foregoing Acceptance and acknowledged before me that he executed same knowingly and voluntarily.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 24th day of May, 2005.

  
 NOTARY PUBLIC  
 STATE OF FLORIDA

My Commission Expires:



+

HOS 000131196