

LO5000089473

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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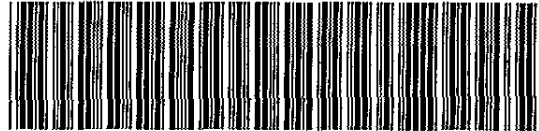
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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mst

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: LA FAMILIA HEALTH PLAZA LLC  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

VITERBO ANTONIO MARTINEZ  
(Name of Person)

LA FAMILIA HEALTH PLAZA LLC  
(Firm/Company)

4879 SW 106TH ST  
(Address)

OCALA, FL 34476  
(City/State and Zip Code)

For further information concerning this matter, please call:

VITERBO A MARTINEZ at (352) 237-8903  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |  |  |
|--|---|--|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy<br>(additional copy is enclosed) |
|--|---|--|--|

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

LA FAMILIA HEALTH PLAZA 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:**

4879 SW 106TH ST  
OCALA FL  
34476

THE SAME

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

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

VITERBO A. MARTINEZ  
Name

4879 SW 106TH ST  
Florida street address (P.O. Box **NOT** acceptable)  
OCALA FL 34476  
City, State, and Zip

*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.*

V. Martinez MD  
Registered Agent's Signature

(CONTINUED)

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TALLAHASSEE, FLORIDA

**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:**

MGRM

VITERBO A. MARTINEZ MD  
4829 SW 106TH ST  
OCALA FL 34476

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

V. Martinez MD  
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.)

VITERBO A. MARTINEZ MD  
Typed or printed name of signer

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**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)