FROM : INTERCONTINENT

FAX NO.: 9547303578

Jul. 21 2006 02:46AM P1

Page 1 of 1



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.

(((H06000185052 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:

: JOSEPH K. NOFIL, P.A. Account Name

Account Number: I20000000215

Phone : (954)484-5533

fax Number : (954)484-1881

# FLORIDA/FOREIGN LIMITED LIABILITY CO.

CORPORATION

BROWARD INSITUTE OF NEURO SCIENCE,LLC

Certificate of Status	0
Certified Copy	0
Page Count	/: 05
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help



# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

The undersigned preparer hereby forms a Limited Liability Company under Chapter 608 of the laws of the State of Florida.

## BROWARD INSITUTE OF NEURO SCIENCE, L.L.C.

## **ARTICLE I - Name and Address:**

The name of the Limited Liability Company shall be:

#### **BROWARD INSITUTE OF NEURO SCIENCE, L.L.C.**

The address of the initial principal office of this Limited Liability Company shall be 5812 NW 54<sup>th</sup> Circle, Coral Springs, FL 33067 and the mailing address shall be the same.

#### **ARTICLE II - Nature of Business:**

This Limited Liability Company may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, county, territory or  $\frac{1}{2}$  in the state of Florida or any other state, county, territory or  $\frac{1}{2}$  in the state of Florida or any other state, county, territory or  $\frac{1}{2}$  in the state of Florida or any other state, county, territory or  $\frac{1}{2}$  in the state of Florida or any other state, county, territory or  $\frac{1}{2}$  in the state of Florida or any other state, county, territory or  $\frac{1}{2}$  in the state of Florida or any other state, county, territory or  $\frac{1}{2}$  in the state of Florida or any other state, county, territory or  $\frac{1}{2}$  in the state of Florida or any other state, county, territory or  $\frac{1}{2}$  in the state of Florida or any other state, county, territory or  $\frac{1}{2}$  in the state of Florida or any other state, county, territory or  $\frac{1}{2}$  in the state of Florida or any other state, county, territory or  $\frac{1}{2}$  in the state of Florida or any other state, county, territory or  $\frac{1}{2}$  in the state of Florida or any other state, county, territory or  $\frac{1}{2}$  in the state of Florida or any other state, county, the state of Florida or any other state, county, the state of Florida or any other state, county, the state of Florida or any other state, county, the state of Florida or any other state, county, the state of Florida or any other state, county, the state of Florida or any other state, county, the state of Florida or any other state, county, the state of Florida or any other state, county, the state of Florida or any other state, county, the state of Florida or any other state, county, the state of Florida or any other state, county, the state of Florida or any other state, county, the state of Florida or any other state, county, the state of Florida or any other state, county, the state of Florida or any other state of Florida or any other state of Florida or any other state of Florida or a

### **ARTICLE III - Duration:**

The Limited Liability Company is to exist perpetually.

#### **ARTICLE IV - Registered Agent:**

The Street Address of the initial registered office of the Limited Liability Company shall be 3284 North State Road 7, Lauderdale Lakes, Florida 33319, and the name of the initial registered agent of the Limited Liability Company at that address shall be Joseph K. Nofil, P.A.

#### Prepared by:

FAX NO.: 9547303578

#### **ARTICLE V - Management:**

This Limited Liability Company is to be managed by the members and the names and addresses of the managing members are:

Ricardo Espaillet 5812 NW 54<sup>th</sup> Circle Coral Springs, FL 33067

Gustavo Espaillet 5812 NW 54<sup>th</sup> Circle Coral Springs, FL 33067

Johanna Espaillet 5812 NW 54<sup>th</sup> Circle Coral Springs, FL 33067

Paola Espaillet 5812 NW 54<sup>th</sup> Circle Coral Springs, FL 33067

#### **ARTICLE VI - Organization:**

The name and street address of the preparer of these Articles of Organization of a Limited Liability Company is:

Joseph K. Nofil, P.A. 3284 North State Road 7 Lauderdale Lakes, FL 33319

IN WITNESS WHEREOF, the undersigned has hereunto set his hand, on this 20th day of February, 2006.

SEPH K. NOFIL

PRESIDENT of JOSEPH K. NOFIL, P.A.

Prepared by:



FAX NO.: 9547303578

## **ARTICLE VII - Admission of Additional Members**

The right, if given, of the members to admit additional members and the terms and conditions of the admission shall be by unanimous consent of all managing members.

## **ARTICLE VIII - Registered Agent**

I hereby am familiar with and accept the duties and responsibilities as registered agent for said Limited Liability Company.

JOSEPH K. NOFIL

PRESIDENT of JOSEPH K. NOFIL, P.A.

(REGISTERED AGENT)

Prepared by:



CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

In pursuance of Chapter 608.415 Florida Statutes, the following is submitted, in compliance with said Act:

First That BROWARD INSITUTE OF NEURO SCIENCE, L.L.C.

desiring to organize under the laws of the State of Florida with its principal office, as indicated in the articles of organization at the City of Coral Springs, County of Broward, State of Florida has named Joseph K. Nofil, P.A., located at 3284 North State Road 7, City of Lauderdale Lakes, County of Broward, State of Florida, as its agent to accept service of process within this state.

#### **ACKNOWLEDGEMENT:**

Having been named to accept service of process for the above stated corporation, at place designated in this certificate. I hereby accept to act in this capacity, and agree to comply with the provision of said Act relative to keeping open said office.

JOSEPH K. NOFIL

PRESIDENT of JOSEPH K. NOFIL, P.A.

(REGISTERED AGENT)

Prepared by: