

607000040732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

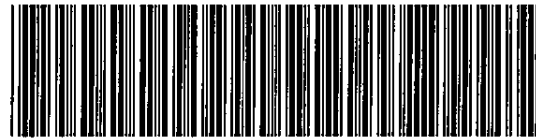
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800092857458

03/20/07--01015--011 \*\*160.00

2007 APR 16 AM 9:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

607-40732  
AR



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 21, 2007

ALEXANDER ALVAREZ  
18118 NE 89TH PLACE  
MIAMI, FL 33018

SUBJECT: ALEXANDER ALVAREZ PA, LLC  
Ref. Number: W07000013916

We have received your document for ALEXANDER ALVAREZ PA, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "PA." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
Document Specialist

Letter Number: 807A0001960

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2007 APR 16 AM 9:47

FILED

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ALEXANDER ALVEREZ PA, 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:

ALEXANDER ALVEREZ  
(Name of Person)  
ALEXANDER ALVEREZ PA, LLC  
(Firm/Company)  
18118 NW 89TH PLACE  
(Address)  
MIAMI FL 33018  
(City/State and Zip Code)

For further information concerning this matter, please call:

ALEXANDER ALVEREZ at ( )  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

2007 APR 16 AM 9:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

A PAC  
ALEXANDER ALVAREZ PA, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

Alexander Alvarez PA-C, 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:**

18118 NW 89TH PLACE  
MIAMI FL 33018

18118 NW 89TH PLACE  
MIAMI FL 33018

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

RAYMOND GRANT  
Name

715 NW 107TH LANE  
Florida street address (P.O. Box NOT acceptable)

CORAL SPRINGS FL 33071  
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.*

  
Registered Agent's Signature (REQUIRED)

FILED  
APR 16 AM 9:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(CONTINUED)

**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:**

MGR

ALEXANDER ALVAREZ

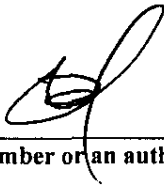
18118 NW 89TH PLACE

MIAMI FL 33018

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.)

Alexander Alvarez

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)

2007 APR 16 AM 9:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED