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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

# LAZARUS

## CORPORATE FILING SERVICE

3320 SW 87<sup>TH</sup> AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

### CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. MEDICAL PROFESSIONAL  
(Corporation Name) (Document #)
2. EXECUTIVE SERVICES L.L.C.  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

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☒ Pick up time

☐ Will wait

2.00

☐ Photocopy

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☐ Certificate of Status

### NEW FILINGS

- ☐ Profit
- ☐ Not for Profit
- ☒ Limited Liability
- ☒ Domestication
- ☐ Other

### OTHER FILINGS

- ☐ Annual Report
- ☐ Fictitious Name

### AMENDMENTS

- ☐ Amendment
- ☐ Resignation of R.A., Officer/Director
- ☐ Change of Registered Agent
- ☐ Dissolution/Withdrawal
- ☐ Merger

### REGISTRATION/QUALIFICATION

- ☐ Foreign
- ☐ Limited Partnership
- ☐ Reinstatement
- ☐ Trademark
- ☐ Other

Examiner's Initials

## ARTICLES OF ORGANIZATION

### **ARTICLE I - NAME**

The name of this Limited Liability Company shall be:  
**MEDICAL PROFESSIONAL EXECUTIVE SERVICES L.L.C.**

### **ARTICLE II - ADDRESS**

The principal place of business and mailing address of this company shall be:

**13876 SW 56<sup>th</sup> STREET, SUITE 239, MIAMI, FLORIDA 33175.**

### **ARTICLE III - NATURE OF BUSINESS**

This company is organized for the purpose of transacting any and all lawful business, for which limited liability companies may be organized under the Florida Limited Liability Company Act.

### **ARTICLE IV - INITIAL MEMBERS**

The name and the shares of the initial members of the Company shall be:

Elieser Leon	(85%)
Ismeray Leon	(15%)

### **ARTICLE V - REGISTERED AGENT AND ADDRESS**

The name and street address of the initial registered agent in the State of Florida shall be:

Elieser Leon  
13876 SW 56<sup>th</sup> Street #239  
Miami, Florida 33175

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

Additional members may be admitted to the Company from time to time upon the terms and conditions unanimously agreed upon by the members in the manner provided by the regulation of the Company.

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## **ARTICLE VII-CONTINUATION OF BUSINESS**


Upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member, or the occurrence of any event which terminates the continued membership of a member in the Company, the Company's business shall not continue and the Company shall be dissolved in accordance with the provisions of the Florida Limited Liability Company Act, unless the remaining members unanimously agree to continue the business of the Company in the manner provided by the Company's regulations.

## **ARTICLE VIII- MANAGEMENT**

The limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

**THE UNDERSIGNED**, as the authorized representatives of the Managers of the Company, for the purpose of forming a limited liability company to do business in the State of Florida, does make and file these Articles of Organization, hereby declaring and certifying that the facts stated are true.


  
Euser Leon

  
Ismeray Leon

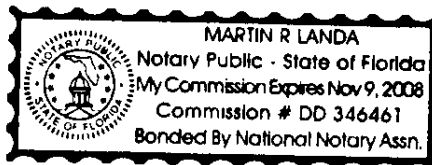
**STATE OF FLORIDA**  
**COUNTY OF MIAMI-DADE**

**BEFORE ME**, an officer duly authorized in the State of aforesaid and in the County aforesaid, to take acknowledgments, personally appeared **Elieser Leon and Ismeray Leon**, to me known to be the persons described, and who executed the same for the propose herein expressed.

**WITNESS** my hand and official seal in the County and State last aforesaid on this **3th of September of 2008**.

  
**NOTARY PUBLIC**  
State of Florida at Large

My commission expires:



**CERTIFICATE ACCEPTING DESIGNATION AS AN AGENT  
UPON WHOM SERVICE OF PROCESS WITHIN THIS STATE  
MAY BE SERVED**

The following is submitted pursuant to Sections 608.415 and 608.507 of the Florida Limited Liability Company Act.

Having been appointed registered agent of **MEDICAL PROFESSIONAL EXECUTIVE SERVICES L.L.C.** in its Articles of Organization, at the place designated in such Articles of Organization, the undersigned hereby agree to act in this capacity and affirms that it is familiar with, and accepts the obligations of such position.

  
\_\_\_\_\_  
Designated Agent  
**Elieser Leon**

**STATE OF FLORIDA  
COUNTY OF MIAMI-DADE**

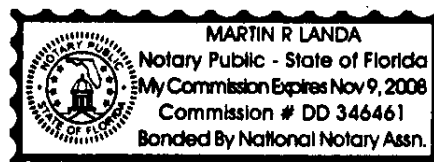
**BEFORE ME**, and officer dully authorized in the State of aforesaid and in the County aforesaid, to take acknowledgments, personally appeared **Elieser Leon**, to me known to be the person described in and who executed the same for the purposes therein expressed.

**WITNESS** my hand and official seal in the County and State aforesaid on this **3rd of September 2008**

  
**NOTARY PUBLIC**  
State of Florida at Large

My commission expires:

Fourth page



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