# L0900003349

(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
<b>(,</b> ,,,,			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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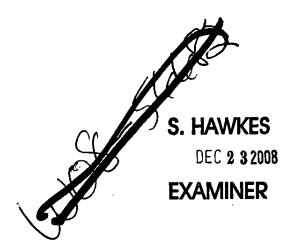
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# FLORIDA DEPARTMENT OF STATE Division of Corporations

December 24, 2008

FRANCISCO J LEON 3225 AVIATION AVE SUITE 700 MIAMI, FL 33133

SUBJECT: LADIES FIRST, LLC Ref. Number: W08000056682

We have received your document for LADIES FIRST, 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 designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

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) 245-6955.

Suzanne Hawkes Regulatory Specialist II

Division of Comparations P.O. POV 6997 Tallahassas Florida 99914

Letter Number: 508A00061674



P.O. Box 43-2040 • Miami, FL 33243-2040 P 305.273.4641 • F 305.273.9994

January 7, 2009

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, Florida 32314

VIA U.S. MAIL

Ref Number: W08000056682

Ladies and Gentleman:

This letter shall serve to resubmit documents for the new Limited Liability Company with the name of LADIES FIRST OB-GYN, LLC. Enclosed you will find the documents with the appropriate corrections made.

Sincerely,

Francisco J. Leon Executive Director

# · COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Ladies First, 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:
Francisco J. Leon
(Name of Person)
Vital MD Group Holding, LLC
(Firm/Company)
3225 Aviation Avenue, Suite 700
(Address)
Miami, FL 33133
(City/State and Zip Code)
For further information concerning this matter, please call:
Melissa D'Rourke at (305) 273 · 464 (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\text{S130.00 Filing Fee & Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton Building

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Ladies First OB-GYN, LLC  (Must end with the words "Limited Liability Company, "L.L.C.," or "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:
601 N.Flamingo Rd. 3225 Aviation Avenue Suite 203 Pembroke Pines FL 33028 Miami, FL 33133
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 insther business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:  Name
3225 AVIATION AVENUE SUITE 500 ω  Florida street address (P.O. Box NOT acceptable)
Miami FL 33133 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)

# ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:	
"MGRM" = Managing Member		
MGRM	VitalMD Group Holding, L 3775 Aviation Avenue Suite 10	ل
•	3225 AVIATION AVENUE SUITETO	X
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		)
	- Q	
(Use attachment if necessary)		
ICLE V: Effective date, if other than the		
effective date is listed, the date must be 90 days after the date of filing.)	e specific and cannot be more than five business days prior	
	<b>A</b>	
REQUIRED SIGNATURE:		
<b>/</b> //	// /\	

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.)

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)