

L09000030019

Florida Department of State
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.

(((H09000071804 3)))



H090000718043ABC5

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)617-6383

From:
Account Name : BERRIZ & GIRALDO P.A.
Account Number : I19990000017
Phone : (305)485-9300
Fax Number : (305)485-1098

FILED
09 MAR 27 AM 10:28
SECRETARY OF STATE
TALLAHASSEE FLORIDA

RECEIVED

09 MAR 27 AM 6:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

SUNSHINE PHYSICIANS GROUP, LLC.

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

1090000718043.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY
OF

SUNSHINE PHYSICIANS GROUP, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

SUNSHINE PHYSICIANS GROUP, LLC.

FILED
09 MAR 27 AM 8:22
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

6355 NW 36 ST SUITE # 500
VIRGINIA GARDENS, FL. 33166

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED
AGENT'S SIGNATURE:

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

PEDRO SOTOMAYOR

6355 NW 36 ST SUITE # 500

Florida street address (P.O.BOX NOT acceptable)

VIRGINIA GARDENS, FL. 33166

City, State, and Zip

1090000718043.

CLARA GIRALDO P.A.
4080 SW 84 AVENUE SUITE C
MIAMI, FL 33155
PH.: (305) 485-9300

H090000718043.

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

ARTICLE IV- MANAGEMENT

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

PEDRO SOTOMAYOR
6355 NW 36 ST SUITE # 500
VIRGINIA GARDENS, FL. 33166

MANAGER


CARLOS CARRASQUILLO
6355 NW 36 ST SUITE # 500
VIRGINIA GARDENS, FL. 33166

MANAGER

EDDY F. FERNANDEZ
6355 NW 36 ST SUITE # 500
VIRGINIA GARDENS, FL. 33166

MANAGER

(An additional article must be added if an effective date is requested)



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.)

PEDRO SOTOMAYOR
Typed or printed name of signee

H090000718043.

FILED
09 MAR 27 10 28
SECRETARY OF STATE
TALLAHASSEE FLORIDA