

L09000037239

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

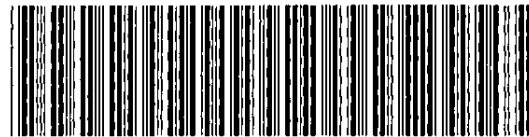
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



000149910380

04/17/09--01010--021 **155.00

RECEIVED
09 APR 17 PM 12:40
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 4/15/09

FILED
09 APR 17 PM 3:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

APR 17 2009

EXAMINER

LAZARUS
CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

EFFECTIVE DATE 4/15/09

Office Use Only

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

1. MARRECAU & RODRIGUEZ ORTHODONTIC
(Corporation Name) (Document #)

2. SPECIALISTS LLC
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time

2:00

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ 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

EFFECTIVE DATE 4/15/09

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

OF

MARRECAU & RODRIGUEZ ORTHODONTIC SPECIALISTS LLC.

FILED
09 APR 17 PM 3:35
TALLAHASSEE, FLORIDA

=====

We, the undersigned, in order to form a corporation under and pursuant to the provisions of the Law of Florida for the purpose set forth below, hereby subscribe to these Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation **MARRECAU & RODRIGUEZ ORTHODONTIC SPECIALISTS LLC.**

ARTICLE II - ADDRESS

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

Principal Office Address

16400 South Post Road, #204
Weston, FL 33331

Mailing Address

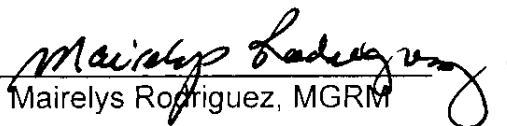
16400 South Post Road, #204
Weston, FL 33331

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE

The name and street address of the initial registered agent of this corporation is as follows:

Mairelys Rodriguez
16400 South Post Road, #204
Weston, FL 33331

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 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 in Chapter 608, F.S.


Mairelys Rodriguez, MGRM

ARTICLE IV – MANAGING MEMBERS

Mairelys Rodriguez, MGRM
165400 South Post Road, #204
Weston, FL 33331

Tomas P. Marrecau, MGRM
165400 South Post Road, #204
Weston, FL 33331

ARTICLE V: Effective date April 15, 2009.



Mairelys Rodriguez, MGRM

(In accordance with section 608.403(3), Florida Statutes, the execution of this document constitutes an affirmation under penalties of perjury that the facts stated herein are true.)


STATE OF FLORIDA)
)SS
COUNTY OF MIAMI DADE)

BEFORE ME, a notary public authorized in the State and County set forth above, personally appeared Mairelys Rodriguez personally known to me or who has produced Florida Drivers License

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this 15th day of April 2009.


NOTARY PUBLIC

[Notary Seal]

NOTARY PUBLIC-STATE OF FLORIDA
 Erick Santana
Commission # BD465053
Expires SEP 10, 2009
Bonded Thru Atlantic Bonding Co., Inc.