

L090000097589

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

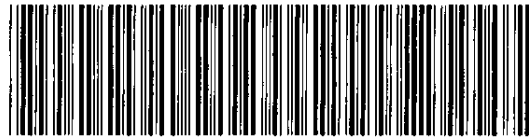
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800160931088

10/07/09--01020--011 **155.00

RECEIVED
09 OCT -7 AM 10:23
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR
OCT - 9 2009
EXAMINER

FILED
09 OCT -8 AM 9:38
SECRETARY OF STATE
DIVISION OF CORPORATIONS

LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

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

1. SCOID-SPECIALIZING CENTER OF INTEGRAL
(Corporation Name) (Document #)

2. DEVELOPMENT, 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
09 OCT -8 AM 9:38

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 7, 2009

LAZARUS

TALLAHASSEE, FL

SUBJECT: SCOID-SPECIALIZING CENTER OF INTEGRAL DEVELOPMENT, LLC

Ref. Number: W09000044786

RECEIVED
09 OCT -8 AM 11:23
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
FILED STATE
SECRETARY OF CORPORATIONS
09 OCT -8 AM 9:38

We have received your document for SCOID-SPECIALIZING CENTER OF INTEGRAL DEVELOPMENT, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$155.00 payment.

Before this LLC can be filed, its Registered Agent -- DAVID ESTRELLA, P.A. -- must be reinstated. The fee to reinstate this professional corporation is \$750.00. Go to www.sunbiz.org to file the reinstatement.

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) 245-6914.

Buck Kohr
Regulatory Specialist II

Letter Number: 909A00032410

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I –Name:

The name of the Limited Liability Company is:

SCOID-Specializing Center of Integral Development, LLC
(Must end with the words "Limited Liability Company, "L.L.C" or LLC)

ARTICLE II – Address:

Principal Office Address:

4525 NW 7 Street

Miami, FL 33126

Mailing Address:

4525 NW 7 Street

Miami, FL 33126

FILED STATE
SECRETARY OF CORPORATIONS
09 OCT -8 AM 9:38

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 with an active Florida registration.)

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

David Estrella, P.A.

Name

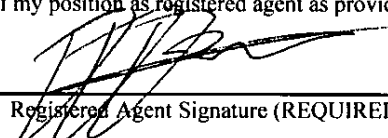
55 Merrick Way, Suite 210

Florida street address (P.O Box NOT acceptable)

Coral Gables, FL 33134

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 Signature (REQUIRED)

ARTICLE IV- manager (s) or Managing Members(s):

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

Title:

"MGR"= Manager

"MGRM"= Managing Member

Name and Address:

MGRM

Jorge Giovanni Gomez Grijalba

4525 NW 7 Street

Miami, FL 33126

(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 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member 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 signed

Filing Fees:

\$ 125.00 Filing for Articles of Organization and Designation
of registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)