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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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WAIT

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MAIL

(Business Entity Name)

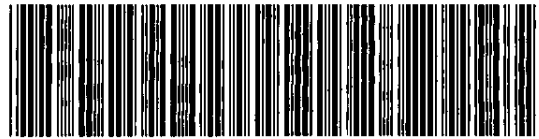
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

NOV 20 2009

EXAMINED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 18, 2009

JOEL BELLO
3132 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

SUBJECT: EARS, NOSE, THROAT, FACIAL PLASTIC SURGERY &
AESTHETIC PRO., PLLC
Ref. Number: W09000049825

We have received your document for EARS, NOSE, THROAT, FACIAL PLASTIC SURGERY & AESTHETIC PRO., PLLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You failed to make the correction(s) requested in our previous letter.

The specific purpose of the entity must be set forth in the document.

Please return your document, along with a copy of this letter, within 60 days your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 509A00035264

2009 NOV 19 AM 11:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 10, 2009

JOEL BELLO
3132 PONCE DE LEON BLVD.
CORAL GABLES, FL 33134

SUBJECT: EARS, NOSE, THROAT, FACIAL PLASTIC SURGERY &
AESTHETIC PRO., PLLC
Ref. Number: W09000049825

We have received your document for EARS, NOSE, THROAT, FACIAL PLASTIC SURGERY & AESTHETIC PRO., PLLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

The specific purpose of the entity must be set forth in the document.

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) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 509A00035264

2009 NOV 19 AM 11:18
RECEIVED
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Ears, Nose, Throat, Facial Plastic Surg. & Aesthetic Pro., PLLC
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:

Joel A. Bello, Esq.

Name of Person

Joel Bello, P.A.

Firm/Company

3132 Ponce De Leon Blvd.

Address

Coral Gables, FL 33134

City/State and Zip Code

joelbellopa@yahoo.com

E-mail address: (to be used for future annual report notification)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Joel Bello

Name of Person

at (305) 445-2011

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

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

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
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:

Ears, Nose, Throat, Facial Plastic Surgery & Aesthetic Pro., PLLC

(Actual 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:

P.O. Box 181878 11336 Briarwood Place P.O. Box 181878
Hialeah, FL 33016 N. Palm Beach, FL 33408 Hialeah, FL 33016

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 entity with an active Florida registration.)

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

Salvatore Louis Grimaldi

Name

11336 Briarwood Place

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

N. Palm Beach, 33408 FL

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)

(CONTINUED)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Page 1 of 2

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:MGRSalvatore Louis Grimaldi11336 Briarwood PlaceNorth Palm Beach, FL 33408

(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 or 90 days after the date of filing.)

REQUIRED SIGNATURE:

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.)

Joel A. Bello

Typed or printed name of signer

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)

Art. VI - Specific Purpose

The specific purpose of the company will be to provide professional medical services for sale to customers located in Florida, or in such locations as the directors may determine to be in the best interests of the company.