

Division of Corporations

209 000 115.

Florida Department of State
Division of Corporations
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.

((H09000251625 3)))



H090002516253ABC/

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 : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FILED
2009 DEC -3 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

09 DEC -3 PM 1:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Juan lopetegui, m.d. pulmonary practice, llc

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 02 |
| Estimated Charge | \$155.00 |

Electronic Filing Menu

Corporate Filing Menu

M. THOMAS

Help

DEC - 4 2009

<https://efile.sunbiz.org/scripts/efilcovr.exe>

EXAMINER

12/3/2009

H09000251625

**ARTICLES OF ORGANIZATION OF
JUAN LOPETEGUI, M.D. PULMONARY PRACTICE, LLC**

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

ARTICLE I — Name:

The name of the limited liability company (hereinafter referred to as the "Company") is "Juan Lopetegui, M.D. Pulmonary Practice, LLC."

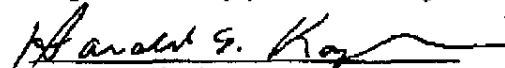
ARTICLE II — Address:

The mailing address and street address of the principal office of the Company is: 15680 North Kendall Drive, Suite 201, Miami, Florida 33196.

ARTICLE III — Registered Agent, Registered Office & Registered Agent's Signature:

The name and Florida street address of the registered agent are: Harold E. Kaplan 1515 University Drive, Suite 201, Coral Springs, Florida 33071.

Having been named as registered agent and to accept service of process for the above state limited liability company 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 provision of all status 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.


Harold E. Kaplan

ARTICLE IV — Management:

The Company is to be managed by the members.

ARTICLE V — Limitation on Agency Authority of Members:

Pursuant to section 608.4235 of the Florida Limited Liability Company Act, no member of the Company shall be an agent of the Company solely by virtue of being a member.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 3rd day of December, 2008.


Signature of authorized representative

(In accordance with Section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Harold E. Kaplan, Esq.

Typed or printed name of signer

H09000251625