

L100000024465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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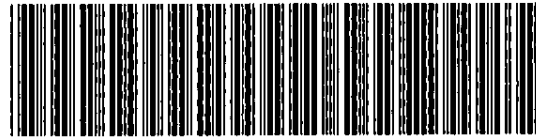
(Business Entity Name)

(Document Number)

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RECEIVED  
10 MAR - 4 PM 2:55  
DEPT. OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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10 MAR - 4 PM 3:31  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

B. KOHR

MAR - 4 2010

EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 MAR -4 PM 3:31

CONTACT: ASHLEY SMITH

DATE: 03-04-2010

REF. #: 000150.120988

CORP. NAME: IVAN RODRIGUEZ D.O. P.L.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

STATE FEES PREPAID WITH CHECK# 533948 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

☒ CERTIFIED COPY

☐ CERTIFICATE OF GOOD STANDING

☐ PLAIN STAMPED COPY

☐ CERTIFICATE OF STATUS

Examiner's Initials

**ARTICLES OF ORGANIZATION**

**OF**

**IVAN D. RODRIGUEZ, D.O., P.L.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 MAR -4 PM 3:31

**ARTICLE I**

The name of the professional limited liability company is IVAN D. RODRIGUEZ, D.O., P.L. and the purpose of such company is to render professional medical services.

**ARTICLE II**

The address of the principal office and the mailing address of the professional limited liability company is 6350 Lake June Rd., Miami Lakes, Florida 33014.

**ARTICLE III**

The name and the Florida street address of the registered agent of the professional limited liability company is:

Ivan D. Rodriguez, D.O.  
6350 Lake June Rd., Miami Lakes, Florida 33014

*Having been named as the 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.*

Date: March 3, 2010

  
Ivan D. Rodriguez, D.O.

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.

**AUTHORIZED SIGNOR:**

Date: March 3, 2010

  
Ivan D. Rodriguez, D.O., Sole Member

IVAN D. RODRIGUEZ, D.O., P.A.  
6350 Lake June Rd.  
Miami Lakes, Florida 33014

March 3, 2010

Secretary of State  
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Consent to use of name Ivan D. Rodriguez, D.O. by Ivan D. Rodriguez, D.O., P.L.

Dear Sir or Madam:

Ivan D. Rodriguez, D.O., P.A., a Florida professional association, hereby consents to the use of the following name in the State of Florida by the Florida professional limited liability company noted below:

Ivan D. Rodriguez, D.O., P.L.

Ivan D. Rodriguez, D.O., P.A. acknowledges that said professional limited liability company name may be considered by the Florida Department of State to not be distinguishable from the undersigned's name, and does not object to the use of the above-referenced company name.

Sincerely,

IVAN D. RODRIGUEZ, D.O., P.A.

By: Ivan D. Rodriguez, D.O.  
Title: President