

L10000038530

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

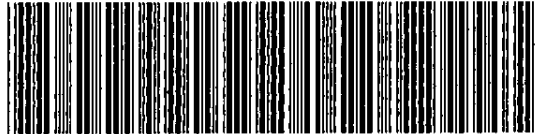
Special Instructions to Filing Officer:

A. LUNT

APR - 9 2010

EXAMINER

Office Use Only



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2010 APR - 8 PM 3:36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LORIA MEDICAL P.L.L.C.
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:

VICTOR LORIA
Name of Person

6615 W. BOYNTON BEACH BLVD # 334
Firm/Company Address
BOYNTON BEACH FLORIDA 33437
City/State and Zip Code
VICTOR@DRLORIA.COM
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

VICTOR LORIA at (561) 779-4042
Name of Person 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

Dr. Victor Loria
6615 W. Boynton Beach Blvd #334
Boynton Beach FL 33437
TELE 1-561-779-4042
FAX 1-561-734-3894

Date 4-5-2010

Registration Section
Division of Corporations
PO Box 6327
Tallahassee FL 32314

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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To whom it may concern;

My name is Victor Loria D.O. Enclosed is a **check for \$160**, which includes the Filing Fee, Certified Copy, and Certificate of Status.

My contact information (address and telephone numbers) is **listed above**.

Please note that the purpose for which this Limited Liability Company (**LORIA MEDICAL, P.L.L.C**) is organized is to provide **medical dermatology and related services**.

Please call at any time for inquiries.

Thank you,

Victor Loria D.O.



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

L O R I A M E D I C A L , P . L . L . C .

(Must 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:

6615 W. BOYNTON BEACH BLVD
334
BOYNTON BEACH FL 33437

6615 W. BOYNTON BEACH BLVD
334
BOYNTON BEACH FL 33437

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:

V I C T O R L O R I A

Name

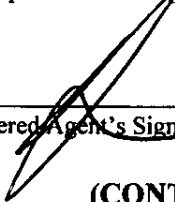
6615 W. BOYNTON BEACH BLVD # 334

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

BOYNTON BEACH FL 33437

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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TALLAHASSEE, FL 32301
SECRETARY OF STATE

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

MGR

Name and Address:

VICTOR LORIA
6615 W. BOYNTON BEACH BLVD
334
JUPITER BOYNTON BEACH FL
33437

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CLERK OF DISTRICT COURT
JULIA H. ASHLEY, FLORIDA

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(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.)

VICTOR LORIA

Typed or printed name of signee

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)