

L10 000060258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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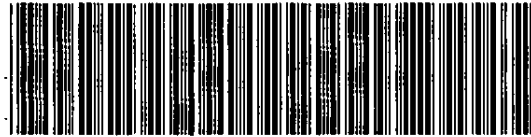
(Business Entity Name)

(Document Number)

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EXAMINER

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 JUL - 1 AM 10:55

FILED

L10-60258

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Victor Lopez de Mendóza, PLLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Articles of Correction and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas P. Fabricio, Esq.

Name of Person

The Medi-Law Firm

Firm/Company

1400 NW 10th Ave, P-III

Address

Miami, FL 33136

City/State and Zip Code

max@themedilawfirm.com

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

For further information concerning this matter, please call:

Max A. Adams, Esq.

Name of Person

at ( 305 )

549-7281

Area Code & Daytime Telephone Number

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

### MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☐ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

CR2E062 (08/05)

2010 JUL -1 AM 10:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

**FIRST:** The name of the limited liability company is:  
Victor Lopez de Mendoza, PLLC

**SECOND:** The articles of organization or the application to transact business

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**



Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:

Article I of the articles of organization of the above captioned entity erroneously

listed the entity name as Victor Lopez de Mendoza, PLLC.

The correct name of the entity should be listed as:

Victor Lopez de Mendoza, M.D., PLLC.

**OR**



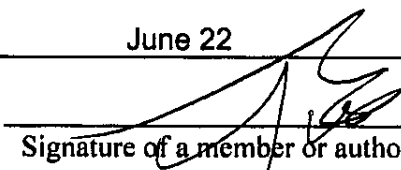
Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2010 JUL - 16 AM 11:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Dated: June 22, 2010

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member

Victor Lopez de Mendoza by T. Fabricio, Attorney in Fact

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: **\$25.00**  
Certified Copy: **\$30.00 (optional)**

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L10000060258  
FILED 8:00 AM  
June 04, 2010  
Sec. Of State  
gmcleod

**Article I**

The name of the Limited Liability Company is:  
VICTOR LOPEZ DE MENDOZA, PLLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
5381 NW 170 TR  
MIAMI GARDENS, FL. 33055

The mailing address of the Limited Liability Company is:  
5381 NW 170 TR  
MIAMI GARDENS, FL. 33055

**Article III**

The purpose for which this Limited Liability Company is organized is:  
PRACTICE OF MEDICINE

**Article IV**

The name and Florida street address of the registered agent is:  
MAX A ADAMS ESQ.  
1400 NW 10 AVE  
PIII  
MIAMI, FL. 33136

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.

Registered Agent Signature: MAX A. ADAMS

### **Article V**

The name and address of managing members/managers are:

Title: DIR  
VICTOR LOPEZ DE MENDOZA  
5381 NW 170 TR  
MIAMI GARDENS, FL. 33055

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June 04, 2010  
Sec. Of State  
gmcleod

### **Article VI**

The effective date for this Limited Liability Company shall be:

06/04/2010

Signature of member or an authorized representative of a member

Signature: MAX A. ADAMS