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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE,

Account Number : 120000000019

Phone : (305)552-5973

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

;

FLORIDA LIMITED LIABILITY CO.

CAROLINA DE LA CUESTA, M.D., L.L.C. D. BRUCE

Certificate of Status Certified Copy

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Page Count

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Estimated Charge

\$155.00

EXAMINER

AUG 24 2010

Electronic Filing Menu

Corporate Filing Menu

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er Ser	H10000188704	
ARTICLES OF ORGANIZA	ATION FOR FLORIDA LIMITED LIABILITY COMPANY	
ARTICLE I - Name: The name of the Limited Liab	pility Company is:	
Carolina	De La Cuesta, M. D., L.L.C.	
(Must end with the	e words "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and stree	et address of the principal office of the Limited Liability Company is:	•
Principal Office Address:	Mailing Address:	
7545 SW 84	4n Ct. 7545 SW 84th Ct	
Miami, Florida	33143 Miami, Florida 33143	
(The Limited Liability Company canno business entity with an active Florida: The name and the Florida stre	reet address of the registered agent are: OKOA De CA COCO+9 Name Name Florida street address (P.O. Box NOT acceptable)	
mar	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 (REOUIRED)

(CONTINUED)
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ARTICLE IV- Manager(s) or Managing Member(s); The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (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.) iarokna De Typed or printed name of signed

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Rogistered Agent \$ 30.00 Certified Copy (Optional) 5.00 Certificate of Status (Optional)

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