

L100000090/93

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

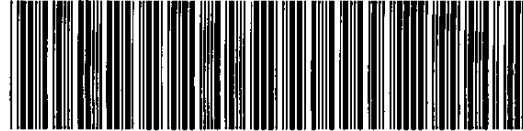
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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08/12/10--01012--011 **160.00

Effective Date 08/10/10

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 AUG 12 AM 11:08

T. HAMPTON

AUG 27 2010

EXAMINER

60003-01

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LA CLINIQUE CANADIENNE, LLC
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:

SOPHIE PROULX

Name of Person

SOPRO MANAGEMENT CONSULTANTS, INC.

Firm/Company

5330 SAPPHIRE VLY

Address

BOCA RATON, FL 33486

City/State and Zip Code

SOPRO.CONSULTANTS@GMAIL.COM

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

For further information concerning this matter, please call:

SOPHIE PROULX

Name of Person

at (561) 212-7802

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 *FL Dep of State*
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED

10 AUG 26 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

August 13, 2010

SOPJIE PROULX
SOPRO MANAGMENT CONSULTANTS INC
5330 SAPPHIRE VLY
BOCA RATON, FL 33486

SUBJECT: LA CLINIQUE CANADIENNE, LLC
Ref. Number: W10000038289

We have received your document for LA CLINIQUE CANADIENNE, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is T10000000575 (LA CLINIQUE CANADIENNE).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 410A00019499

Effective Date 08/10/10

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LA CLINIQUE CANADIENNE ~~REDACTED~~ ET INTERNATIONALE, LLC
(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:

10211 PINES BLVD, SUITE 145
PEMBROKE PINES, FL 330260145 US

Mailing Address:

10211 PINES BLVD, SUITE 145
PEMBROKE PINES, FL 330260145 US

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:

SOPRO MANAGEMENT CONSULTANTS, INC.

Name

5330 SAPPHIRE VLY

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

BOCA RATON

FL 33486

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.

Sopro Management Consultants / Sophie Pouch
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
10 AUG 12 AM 11:08
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

Name and Address:

MGRM

DR. LOUIS MOCCIA

10211 PINES BLVD., SUITE 145

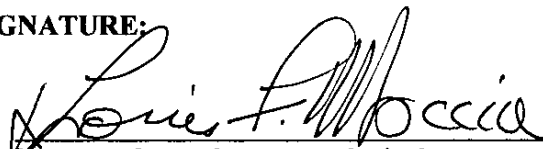
PEMBROKE PINES, FL 330260145 US

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: AUGUST 10th, 2010. (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.)

DR. LOUIS MOCCIA

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)