

L10000125823

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800188247658

12/07/10--01023--009 **125.00

FILED
2010 DEC -7 AM 10:14
TALLAHASSEE, FLORIDA

C. LEWIS
DEC 8 2010
EXAMINER

9300 SW 87 Avenue, #6
Miami, FL 33176
Office: 305-405-8789
Fax: 786-363-4169

September 13, 2010

COVER LETTER

TO: Registration Section, Division of Corporations
PO BOX 6327
Tallahassee, FL 32314

SUBJECT: Consultants in Neurological Surgery, Plantation, LLC

The enclosed Articles of Organization and fee is submitted for filing.

Please return all correspondence concerning this matter to: Jorge Doimeadios, 9300 SW 87th Avenue, #6, Miami, FL 33176, jdoimeadios@thecnsgroup.net For further information concerning this matter, please call: Jorge Doimeadios at 305-405-8789.

Enclosed is a check for the \$125.00 filing fee.

Thank you,



Jorge Doimeadios

**ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY**

FILED
2010 DEC -7 AM 10:14

CLERK
TALLAHASSEE, FLORIDA

**ARTICLE I
(Name)**

The name of the Limited Liability Company is:

Consultants in Neurological Surgery, Plantation, LLC

**ARTICLE II
(Addresses)**

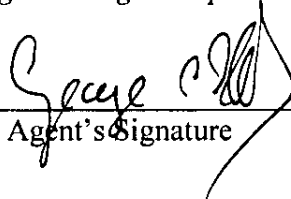
Principal Office Address
301 NW 84th Avenue, #206
Plantation, Fl 33324

Mailing Address
9300 SW 87th Avenue, #6
Miami, Fl 33176

**ARTICLE III
(Registered Agent, Registered Office and Registered Agent's Signature)**

The name of the Florida street address of the registered agent is: George C. Ibars, 6200 SW 72nd Street, #403, Miami, Fl 33143.

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..

x 

Registered Agent's Signature

(Continued on page 2)

**ARTICLE IV
(Managers or Managing Members)**

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

George C. Ibars
6200 SW 72nd Street, #403
Miami, FL 33143

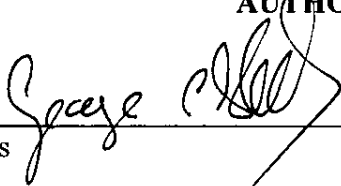
**ARTICLE V
(Effective Date)**

The effective date is December 1, 2010

AUTHORIZED SIGNATURE

X

George C. Ibars



(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.)

FILED
2010 DEC -7 AM 10:
TALLAHASSEE, FLOR

FILED
2010 DEC -7 AM 10:14
TALLAHASSEE, FLORIDA