

**L11000075628**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H11000171025 3)))



H110001710253ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 617-6393

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

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

Email Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 JUN 29 AM 9:46

**FLORIDA LIMITED LIABILITY CO.  
KEITH ROBINSON, M.D. PULMONARY PRACTICE, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

RECEIVED

11 JUN 29 PM 3:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**D. BRUCE**

JUN 30 2011

**EXAMINER**

Electronic Filing Menu

Corporate Filing Menu

Help

H11000171025

2

**ARTICLES OF ORGANIZATION OF  
KEITH ROBINSON, M.D. PULMONARY PRACTICE, LLC**

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

**ARTICLE I — Name:**

The name of the limited liability company (hereinafter referred to as the "Company") is "Keith Robinson, M.D. Pulmonary Practice, LLC".

**ARTICLE II — Address:**

The mailing address and street address of the principal office of the Company is: 16680 North Kendall Drive, Suite 201, Miami, Florida 33196.

**ARTICLE III — Registered Agent, Registered Office & Registered Agent's Signature:**

The name and Florida street address of the registered agent are: Vilma Quintana, 16680 North Kendall Drive, Suite 201, Miami, Florida 33196.

*Having been named as registered agent and to accept service of process for the above state limited liability company 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 provision 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.*

*Vilma Quintana*  
Vilma Quintana

**ARTICLE IV — Management:**

The Company is to be manager managed.

**ARTICLE V — Limitation on Agency Authority of Members:**

Pursuant to section 608.4235 of the Florida Limited Liability Company Act, no member of the Company shall be an agent of the Company solely by virtue of being a member.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 29 day of June, 2011.

*Vilma Quintana*  
Signature of authorized representative

(In accordance with Section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Vilma Quintana

Typed or printed name of signee

H11000171025