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SECRETARY OF STATE

C. LEWIS

JUL - 8 2011

EXAMINER

### COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Anghel Alvarez - Timenez PL  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:
James Miller Name of Person
James Miller & assoc. Firm/Company
Firm/Company
1665 Palm Beach Labres Blud. Suite 101 Address
Address
West Palm Beach FL 33401  City/State and Zip Code
City/State and Zip Code  J_ m://er @ Be//south.net  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Tames Miller at (561) 729-0095  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times 130.00 Filing Fee & Certificate of Status \$\times 155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section  Street/Courier Address Registration Section

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

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA PROFESSIONAL LIMTED LIABILITY COMPANY

Anabel Alvarez- Jimenez PL.

### **ARTICLE I- Name:**

The name of the Professional Limited Liability Company is:

Anabel Alvarez-Jimenez PL.

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### ARTICLE II- Address:

The mailing address and street address of the principal office of the Professional Limited Liability Company is:

2929 SW 3<sup>rd</sup> Avenue, Suite 430 Miami, Florida 33129

### ARTICLE III- Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida Street Address of the registered agent are:

James Miller 1665 Palm Beach Lakes Blvd., Ste. 101 West Palm Beach, Fl 33401

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.

James Miler Registered Agent

### **ARTICLE IV- Managing Member:**

The name and address of each Manager who is also the Managing Member is as Follows:

Title:

Name and Address:

Managing member

Anabel Alvarez-Jimenez

2929 SW 3<sup>rd</sup> Avenue, Suite 430 Miami, FL 33129 ZOII JUL - J. AM DI 20

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TALLAHASSEE, FLORIE

ARTICLE V- Effective date, shall be the date of filing of these Articles.

SIGNATURE:

Anabel Alvarez-limenez, Managing Member

PURPOSE: MEDICAL SERVICES