

L11000110403

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.

(((H11000234585 3)))



H110002345853ABC5

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) 617-6383

From:

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

FILED
11 SEP 26 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
THE DIMINISHED VALUE CLINIC, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED
11 SEP 26 PM 3:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
SEP 27 2011
EXAMINER

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

H11000234500

**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY OF
THE DIMINISHED VALUE CLINIC, LLC**

ARTICLE I

The me of the Limited Liability Company shall:

THE DIMINISHED VALUE CLINIC, LLC

ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

ARTICLE III

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

**799 BRICKELL PLAZA, STE 703
MIAMI, FL 33131**

ARTICLE IV

The name of the Manager(S) or Managing Member(s) shall be:

MANAGER

**EDUARDO E. NERET, P.A.
799 BRICKELL PLAZA, STE 703
MIAMI, FL 33131**

MANAGING MEMBER

**JAVIER A. FINLAY, P.A.
799 BRICKELL PLAZA, STE 703
MIAMI, FL 33131**

ARTICLE V

The name and the Florida street address of the registered agent:

**EDUARDO E. NERET, P.A. ✓
799 BRICKELL PLAZA, STE 703
MIAMI, FL 33131**

FILED
11 SEP 26 PM 37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H11000234585

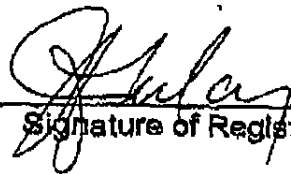
H11000234585

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED
OFFICE/MEMBER/REPRESENTATIVE**

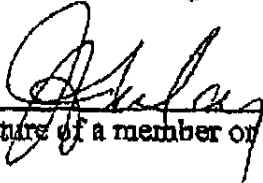
THE DIMINISHED VALUE CLINIC, LLC

(Name of Company)

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.



Signature of Registered Agent



Signature of a member or an authorized representative of a member.

FILED
11 SEP 26 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(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.)

JAVIER A. FINLAY

Typed or printed name of signer

H111000234585