

L1100011761

Florida Department of State
Division of Corporations
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FLORIDA LIMITED LIABILITY CO. TWIN LAKES MEDICAL CLINIC LLC

Certificate of Status	1
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J. SAULSBERRY
EXAMINER

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Twin Lakes Medical Clinic LLC

(Must end with the words "Limited Liability Company," "LLC," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:6720 SE 221ST
Hawthorne, FL 32640Mailing Address:6720 SE 221ST
Hawthorne, FL 32640

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:

Henry P. Noriega

Name

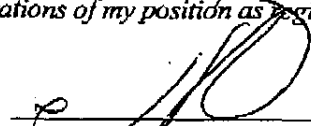
6720 SE 221 ST.Florida street address (P.O. Box NOT acceptable)Hawthorne FL 32640

City, State, and Zip

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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.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:MGRMGiovanni Villacis
6720 SE 221 ST
Hawthorne, FL 32640MGRMRodrigo Quintana
6720 SE 221 ST
Hawthorne, FL 32640MGRHenry P. Noriega
Hawthorne, FL 32640

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Henry P. Noriega
Typed or printed name of signeeSECRETARY OF STATE
ALLAHASSEE, FLORIDA

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