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EXAMINER



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01/20/12--01024--003 **160.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN 20 AM 9:50

LORIA MEDICAL PLLC
2499 GLADES RD STE 209 BOCA RATON, FL 33431
1-877-DR-LORIA (1-877-375-6742)
1-561-779-4042

**Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN 20 AM 9:50

Date 1-17-12

To whom it may concern:

My name is Dr. Victor Loria.

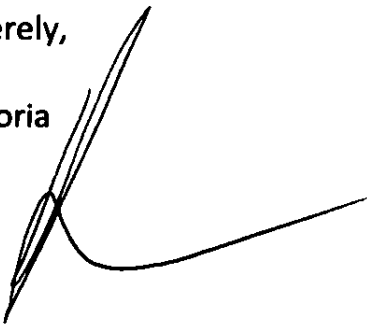
My Office address is 2499 Glades Rd. Ste 209 Boca Raton FL 33431.

My mailing Address is 6615 W Boynton Beach Blvd #334, Boynton Beach FL 33437.

My cell phone number is 561-779-4042 Office Number 561-613-0250

Sincerely,

Dr. Loria

A handwritten signature in black ink, appearing to be 'V. Loria', written over the printed name 'Dr. Loria'.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Penis Enlargement Surgery of Boca Raton
Name of Limited Liability Company

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN 20 AM 9:50

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Victor Loria

Name of Person

Penis Enlargement Surgery of Boca Raton

Firm/Company

301 Yamato Rd Ste 1240

Address

Boca Raton FL 33431

City/State and Zip Code

info@loriamedical.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

victor@drloria.com

Name of Person

at (561) 779-4042

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

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

Street/Courier Address

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Penis Enlargement Surgery of Boca Raton PLLC

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

The company will engage in the practice of medicine.

ARTICLE II - Address:

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

Principal Office Address:

301 Yamato Rd Ste 1240
Boca Raton FL 33431

Mailing Address:

301 Yamato Rd Ste 1240
Boca Raton FL 33431

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:

Victor Loria

Name

301 Yamato Rd Sted 1240

Florida street address (P.O. Box **NOT** acceptable)

Boca Raton FL 33431

City, State, and Zip

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JAN 20 AM 9:50

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:

Victor Loria

301 Yamato Rd Ste 1240

Boca Raton FL 33431

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1-20-2012 (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.)

VICTOR LORIA

Typed or printed name of signee

Filing Fees:

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)