

L12000032775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

W12000010081

217

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02/20/12--01022--006 \*\*130.00

FILED  
12 FEB 20 PM 3:09  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

D. BRUCE

MAR 07 2012

EXAMINER

EFFECTIVE DATE 02/28/12



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 21, 2012

JULIA ROSARIO  
1800 SW 31 AVENUE  
MIAMI, FL 33145

SUBJECT: MED-PRO CONSULTANTS, LLC  
Ref. Number: W12000010081

We have received your document for MED-PRO CONSULTANTS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on February 20, 2012. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 812A00007526

**FILED**  
12 FEB 20 PM 3:09  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Med-Pro Consultants, LLC  
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:

Julia Rosario

Name of Person

Med-Pro Consultant, LLC

Firm/Company

1800 SW 31 Avenue

Address

Miami, FL 33145

City/State and Zip Code

medproconsultants@yahoo.com

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

For further information concerning this matter, please call:

Julia Rosario

Name of Person

at 786

439-8041

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

FILED  
12 FEB 20 PM 3:09  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**Med-Pro Consultants, LLC**

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

**ARTICLE II - Address:**

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

**Principal Office Address:**

1800 SW 31 Avenue  
Miami, FL 33145

**Mailing Address:**

1800 SW 31 Avenue  
Miami, FL 33145

**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:

Julia Rosario

Name

1800 SW 31 Avenue

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

Miami

FL 33145

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)

Page 1 of 2

NOTARY PUBLIC  
JULIA ROSARIO, FLORIDA

12 FEB 20 PM 3:09

FILED

EFFECTIVE DATE 02/28/12

**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:**

MGR

Julia Rosario  
1800 SW 31 Avenue  
Miami, FL 33145

MGRM

Gianny Rosario  
1800 SW 31 Avenue  
Miami, FL 33145

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 2-28-2012 (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.)

Julia Rosario

Typed or printed name of signer

**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)

**FILED**  
12 FEB 20 PM 04:09  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA