L1200032775

(Requestor's Name)					
(Address)					
(Address)					
(Addiess)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
W12000010081					
211					

Office Use Only

EFFECTIVE DATE 02/28/12



000220556100

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



D. BRUCE MAR 0 7 2012

EXAMINER



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



COVER LETTER

TO:	Registration of	on Section Corporations				
SIIRI	_{ECT} , Med	d-Pro Consultants,	LLC			
COIR			ed Liability Company			
The er	nclosed Article	es of Organization and fee(s) are	submitted for filing.			
Please	return all com	espondence concerning this matt	er to the following:			
•	Julia Ro	osario				
			Name of Person			
	Med-Pr	o Consultant, LLC				
	·		Firm/Company		 ,	
	1800 S	W 31 Avenue			72	
			Address	1		. :
	Miami, Fl	L 33145			920	-
		Cit	y/State and Zip Code	80	A	Ī
	medproco	onsultants@yahoo.com		15 CO		
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:					6 0 a	
. 0		on consuming the marier, brease	, cuit.	.		
Julia	Rosario	me of Person	at (786) 439-8041	N		
	US	me of Person	Area Code & Daytime Telepl	none number		
Enclos	sed is a check	for the following amount:				
\$125.06	125.00 Filing Fee \$\sqrt{\$130.00}\$ Filing Fee & \$\sqrt{\$155.00}\$ Filing Fee & \$\sqrt{\$160.00}\$ Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 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 Citallahassee, FL 32301	rele		

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: Mailing Address: 1800 SW 31 Avenue 1800 SW 31 Avenue Miami, FL 33145 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.)

Julia Rosario Name

1800 SW 31 Avenue

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

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

Miami

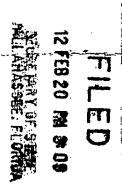
FL 33145 City, State, and Zip

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



Title:

"MGR" = Manager

"MGRM".= Managing Member

MGR

Julia Rosario

1800 SW 31 Avenue

Miami, FL 33145

MGRM

Gianny Rosario

1800 SW 31 Avenue

Miami, FL 33145

ARTICLE IV- Manager(s) or Managing Member(s):

(Use attachment if necessary)

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 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)

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