L12000046804

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

300227022263

300227022263
04/04/12--01018--027 **160.00

FILED
12 APR -4 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
APR -5 2012
EXAMINER

JLP Healthcare, LLC.
Jorge L. Perez, D.O.
3600 W. Flagler Street Miami, FL 33135 PH: 786-587-1502
Fax: 305-445-6437
Email: Jorge@mpemd.com

March 28, 2012

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

To Whom It May Concern:

This will serve to confirm the requirement of a cover letter with the name, address, daytime phone & fax and e-mail.

Thank you for all your services; please contact our office if you need further assistance or need additional information.

Sincerely,

Jorge L. Perez, D.O.
CEO/ President/MGR

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

JLP Healthcare, 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:**
3600 W. Flagler Street	3600 W. Flagler Street
Miami, FL 33135	Miami, FL 33135

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:

Jorge L. Perez D.O.
Name

3600 W. Flagler Street
Florida street address (P.O. Box **NOT** acceptable)

Miami, FL 33135
City, State, and Zip

FILED
12 APR -4 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

FILED
12 APR -4 AM 10: 44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title: "MGR" = Manager "MGRM" = Managing Member	**Name and Address:**
MGR	Jorge L. Perez D.O. 3600 W. Flagler Street Miami, FL 33135
MGRM	Juan C. Perez-Espinosa D.O. 3600 W. Flagler Street Miami, FL 33135

(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.)

Jorge L. Perez D.O.
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)