

L12000094123

(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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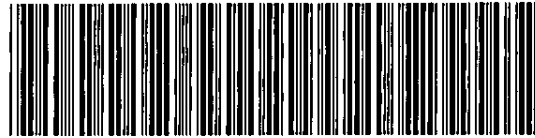
(Business Entity Name)

(Document Number)

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J. BRYAN

JUL 20 2012

EXAMINER

# LAZARUS

## CORPORATE FILING SERVICE

3320 SW 87<sup>TH</sup> AVENUE

MIAMI, FL 33165 (305) 552-5973

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CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. LCC MEDICAL RESEARCH INSTITUTE, LLC  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

- ☒ Walk in    ☐ Pick up time 2:00    ☒ Certified Copy  
☐ Mail out    ☐ Will wait    ☐ Photocopy    ☐ Certificate of Status

### NEW FILINGS

- ☐ Profit  
☐ Not for Profit  
☒ Limited Liability  
☐ Domestication  
☐ Other

### OTHER FILINGS

- ☐ Annual Report  
☐ Fictitious Name

### AMENDMENTS

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

### REGISTRATION/QUALIFICATION

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

Examiner's Initials

**ARTICLES OF ORGANIZATION  
OF  
LCC MEDICAL RESEARCH INSTITUTE, LLC**

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

**ARTICLE I – Name**

The name of the Limited Liability Company is: **LCC MEDICAL RESEARCH INSTITUTE, LLC**

**ARTICLE II – Address**

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

1150 NW 72 AVE, STE 620  
Miami, Florida 33133

**ARTICLE III – Registered Agent/Office**

The name and Florida Street address of the registered agent is:

Vivian Salinas  
1150 NW 72 AVE, STE 620  
Miami, Florida 33133

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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, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with and accepts the obligations of its position as registered agent as provided for in Chapter 608, F.S.*

  
\_\_\_\_\_  
Vivian Salinas

**ARTICLE IV**

The company will be manager-managed.

The undersigned member executed these Articles of Organization this \_\_\_\_ day of July, 2012.

By:   
\_\_\_\_\_  
Vivian Salinas

(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.)

**ARTICLE IV – Manager(s) or Managing Member(s)**

The name and address of each Manager or Managing Member is as follows:

**Title:**

**Name and Address:**

Managing Member  
MGRM

Vivian Salinas  
1150 NW 72 AVE, STE 620  
MIAMI, FL 33126

The company will be manager-managed.

The undersigned member executed these Articles of Organization this \_\_\_\_ day of July, 2012.

By: 

\_\_\_\_\_  
Vivian Salinas

(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.)

VIVIAN SALINAS

Typed of print name of signee

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