Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000296968 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number: T20000000019 Phone : (305)552-5973

Fax Number : (305)220-1440

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO. LUIS F. GUTIERREZ, M.D. L.L.C.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu Corporate Filing Menu

Help

H12000296968

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:
Luis F. GUTIERREZ, M.D. L.L.C. (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:
LORAL SPRINGS, FL. 33065 JOOOD WEST SAMPLE Ad. 9610 NW 39Th COURT CORAL SPRINGS, FL. 33065
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 enother business entity with an active Plurida registration.)
The name and the Florida street address of the registered agent are: The name and the Florida street address of the registered agent are: The name and the Florida street address of the registered agent are: Name Name
Florida street address (P.O. Box NOT acceptable) MiAmi, FL. FL 33172— City, State, and Zip
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 interest agent as provided for in Chapter 608, F.S
Registered Agont Signature (REOURED)
(CONTINUED)
Page 1 of 2

H12000296968

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

<u>"itle:</u> MGR" = Manager MGRM" = Managing Mcmber	Name and Address:
MGR	Luis F. GUTTEPREZ. 9610 NW 39CT CORAL SPRINGS, PL 300
·	
•	
Tective date is listed, the date	an the date of filing: \(\sum_{\text{2012}} \) (OPTIO must be specific and cannot be more than five busing.)
LE V: Effective date, if other the factive date is listed, the date or 90 days after the date of filling	must be specific and cannot be more than five bus
LE V: Effective date, if other the factive date is listed, the date or 90 days after the date of filing REQUIRED SIGNATURE:	must be specific and cannot be more than five bus
LE V: Effective date, if other the factive date is listed, the date or 90 days after the date of filisted at the date of a filisted at the date of the date of the date of filisted at the date of the date	must be specific and cannot be more than five busing.)

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

- \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

. Page 2 of 2