

43000111739

(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:

W13-42039

Office Use Only



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07/25/13--01016--024 **125.00

EFFECTIVE DATE 08-01-13

2013 AUG -6 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

B. BOSTICK
AUG -7 2013
EXAMINER

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Alicia V Estillore-Cruz MD 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:

Alicia V Estillore-Cruz MD

Name of Person

Alicia V Estillore-Cruz MD LLC

Firm/Company

7107 Atascadero Lane

Address

Tallahassee, Florida 32317

City/State and Zip Code

aestillore@bellsouth.net

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

For further information concerning this matter, please call:

Ron Mason CPA

Name of Person

at **(850) 386-6184**

Area Code & Daytime Telephone Number

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Alicia V Estillore-Cruz MD 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:

7107 Atascadero Ln
Tallahassee, Fl. 32317

Same

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:

James Moore & Co. P.L.
Name

2477 Tim Gamble Place Ste 200
Florida street address (P.O. Box **NOT** acceptable)
Tallahassee 32308 FL
City, State, and Zip

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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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM _____

Alicia V Estillore-Cruz MD _____

7107 Atascadero Lane _____

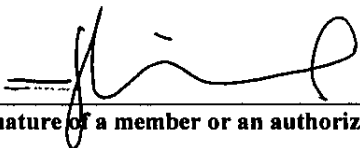
Tallahassee, Fl. 32317 _____

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2013 AUG -6 PM 4:24
SECRETARY OF STATE
TALLAHASSEE FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 8/1/2013 (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.)

Alicia V Estillore-Cruz MD

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)



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 26, 2013

ALICIA V ESTILLOR-CRUZ
7107 ATASCADERO LANE
TALLAHASSEE, FL 32317

SUBJECT: ALICIA V ESTILLORE-CRUZ MD LLC
Ref. Number: W13000042039

FILED
2013 AUG -6 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for ALICIA V ESTILLORE-CRUZ MD LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

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.

Barbara Bostick
Regulatory Specialist II

Letter Number: 513A00018135