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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

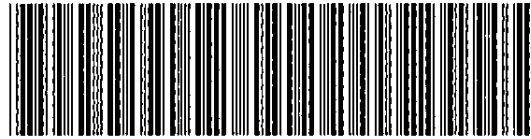
(Business Entity Name)

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DIVISION OF CORPORATE AFFAIRS

2014 JAN 27 PM 3:30
FALLS CHURCH, VIRGINIA

B. BOSTICK

JAN 28 2014

EXAMINER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

V. CRUZ, M.D., PLLC

Signature _____

Requested by: SETH

01/27/14

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____

____ LTD Partnership File _____

____ Foreign Corp. File _____

____ L.C. File _____

____ Fictitious Name File _____

____ Trade/Service Mark _____

____ Merger File _____

____ Art. of Amend. File _____

____ RA Resignation _____

____ Dissolution / Withdrawal _____

____ Annual Report / Reinstatement _____

____ Cert. Copy _____

____ Photo Copy _____

____ Certificate of Good Standing _____

____ Certificate of Status _____

____ Certificate of Fictitious Name _____

____ Corp Record Search _____

____ Officer Search _____

____ Fictitious Search _____

____ Fictitious Owner Search _____

____ Vehicle Search _____

____ Driving Record _____

____ UCC 1 or 3 File _____

____ UCC 11 Search _____

____ UCC 11 Retrieval _____

____ Courier _____

2014 Jan 27

PM 3:30

**ARTICLES OF ORGANIZATION
FOR FLORIDA PROFESSIONAL LIMITED LIABILITY COMPANY**

**ARTICLE I
NAME**

The name of this Company shall be: V. CRUZ, M.D., PLLC. This organization is being formed to provide professional medical services.

**ARTICLE II
ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is: 1190 EAST WASHINGTON STREET, UNIT 727, TAMPA, FLORIDA 33602.

**ARTICLE III
DURATION**

The Company shall commence its existence on the date these Articles of Organization are filed by the Florida Department of State. The Company's existence shall be perpetual unless the Company is earlier dissolved as provided in the operating agreement of the Company.

**ARTICLE IV
REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT'S SIGNATURE**

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

PATRICK M. O'CONNOR, ESQUIRE
O'CONNOR & ASSOCIATES
1250 S. BELCHER ROAD, SUITE 160
LARGO, FLORIDA 33771

FILED
JAN 27 PM 3:30
TAMPA, 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 605, F.S.

O'CONNOR & ASSOCIATES

By: _____

Patrick M. O'Connor, Registered Agent

ARTICLE V
MANAGERS

The name and address of each Manager is as follows:

<u>Title:</u>	<u>Name and Address:</u>
MGR	VICTOR CRUZ, M.D. 1190 EAST WASHINGTON STREET, UNIT 727 TAMPA, FLORIDA 33602

2014 JAN 27 PM 3:30
TALLAHASSEE, FLORIDA

ARTICLE VI
MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager -managed company.

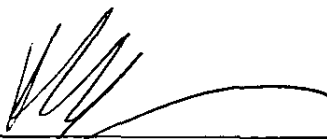
ARTICLE VII
PURPOSE AND NATURE OF BUSINESS

The purpose of the Company and the nature of its business is as follows:

To engage in the practice of medicine and to render such services as may be ancillary to the foregoing. The Company may purchase and own real and personal property necessary or appropriate for rendering its professional services and may invest its funds in real estate mortgages, stocks, bonds, and any other type of investments, all in accordance with the provisions of Florida Statutes Chapter 621.

ARTICLE VIII
MEMBERSHIP

Pursuant to Florida Statutes Chapter 621, the Members of the Company shall be limited to those persons who are duly licensed to practice medicine in the State of Florida.



PATRICK M. O'CONNOR

(In accordance with section 605.0203 (1) (b), 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.)