

LI4000052020

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

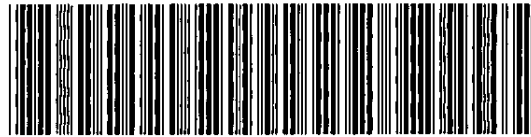
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300257510713

03/28/14--01003--023 **125.00

RECEIVED
DEPARTMENT OF STATE
14 MAR 28 AM 11:39

FILED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
14 MAR 28 AM 10:20

MAR 31 2014

T. BROWN

CAPITAL CONNECTION, INC.

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

vRad, PLLC

Signature _____

Requested by: Seth

03/28/201

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 _____

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

**ARTICLE I
NAME**

The name of this Company shall be: vRad, 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:
1513 PLEASANT HARBOUR WAY, 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:

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

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
Registered Agent

By: _____

Patrick M. O'Connor, Esquire

FILED
14 MAR 28 AM 10:20
FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V
MANAGERS

The name and address of each Manager is as follows:

<u>Title:</u>	<u>Name and Address:</u>
MGR	JESUS D. VELEZ, M.D. 1513 PLEASANT HARBOUR WAY TAMPA, FLORIDA 33602

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.)