

L14000130653

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**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.**

(((H14000183802 3)))



H140001838023ABC.

**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 : ARES & COMPANY, C.P.A., P.A.  
Account Number : I20000000268  
Phone : (305) 229-8256  
Fax Number : (305) 229-8252

SECRETARY OF STATE  
TREASURER  
FLORIDA

14 AUG - 4 PM 4:45

FILED

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

Email Address: mariaopenaneurology@gmail.com

FLORIDA LIMITED LIABILITY CO.  
INSURANCE & NEURODIAGNOSTIC SERVICES, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED  
14 AUG 20 PM 4:40  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

Aug 21 2014

(((H14000183802 3)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – NAME:

The name of the Limited Liability Company is:

**INSURANCE & NEURODIAGNOSTIC SERVICES, LLC**

ARTICLE II – ADDRESS:

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

Principal Office Address:

1380 N KROME AVE.  
SUITE 104  
FLORIDA CITY, FL. 33034

Mailing Address:

1380 N KROME AVE.  
SUITE 104  
FLORIDA CITY, FL. 33034

ARTICLE III – REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE:

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

JOHANNA CARDOZA  
1380 N KROME AVE. – SUITE 104  
FLORIDA CITY, FL. 33034

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.

  
Registered Agent's Signature

(((H14000183802 3)))

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 AUG -4 PM 4:45

FILED

((H14000183802 2)))

ARTICLE IV -

The name and address of each person authorized to manage and control the Limited Liability Company:

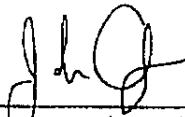
<u>TITLE:</u>	<u>NAME AND ADDRESS:</u>
GENERAL MANAGER	JOHANNA CARDOZA 1380 N KROME AVE, STE 104 FLORIDA CITY, FL. 33034
MANAGING MEMBER	MARIA C. PENA 1380 N KROME AVE, STE 104 FLORIDA CITY, FL. 33034

FILED  
14 AUG -4 PM 4:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE V: Effective date, if other than the date of filing: 08/08/2014

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member  
(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.)

JOHANNA CARDOZA  
Name of Signee

((H14000183802 3)))