00144

Division of Corporations

Page 1 of 1

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.

(((H14000217538 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 : AKERMAN LLP - MIAMI

Account Number : 075471001363 Phone

: (305)374-5600

Fax Number : (305)374-5095

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. ADRIANE VEGA POMPA MD, LLC

Certificate of Status	O
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help T. Burch SEP 1 7 2014

(H14000217538 3)

ARTICLES OF ORGANIZATION OF ADRIANE VEGA POMPA MD, LLC

ARTICLE I: - Name

The name of the Limited Liability Company is:

ADRIANE VEGA POMPA MD, LLC

ARTICLE II: - Address
The mailing address and street address of the principal office of the Limited Liability Empany

6705 S.W. 57th Avenue Suite 314 Coral Gables, Florida 33143

ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature The name and the Florida street address of the registered agent are:

> NRAI Services, Inc. 1200 South Pine Island Road Plantation, Florida 33324

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.

NRAI Services, Inc., Registered Agent

Name: Michele Holden

Title: Assistant Secretary

(H14000217538 3)

ARTICLE IV: - Management
The name and address of the person authorized to manage and control the limited Hability company is as follows:

Title:

Name and Address:

A

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization at Miami, Florida on September 16, 2014.

/s/ Adriane Vega Pompa, M.D., Authorized Signer

(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 Section 817.155, Florida Statutes.)

Adriane Vega Pompa, M.D.

Typed or printed name of signee

(H14000217538 3)