14000171363

(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



400265493414

11/10/14--01019--002 **125.00

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: JORGE FLEITES, M.D., L.L.C. 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:
JORGE FLETTES, M.D.
JORGE FLEITES, M.D., L.L.C.
Firm/Company
9950 SW 107th AVENUE, SUITE 101 Address
Address
MiAMI, FL 33176:2767
Miami, FL 33176:2767 City/State and Zip Code Flestes mde Not mail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (365) 552.1268 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Status S160.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$125.00 Filing Fee Status S160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Registration Section Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED

ARTICLES OF ORGANIZATION 2014 NOV 10 AN II: 32 OF JORGE FLEITES, M.D., L.L.C.

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLE I Name

The name of the Limited Liability Company is Jorge Fleites, M.D., L.L.C. (the "Company").

ARTICLE II Address

The mailing address and the street address of the principal office of the Company is 9950 SW 107th Avenue, Suite 101, Miami, Florida 33176-2767.

ARTICLE III Registered Agent

The name of the Company's registered agent in the State of Florida is Jorge Fleites, M.D. and the address of the Company's registered office is 9950 SW 107th Avenue, Suite 101, Miami, Florida 33176-2767.

ARTICLE IV Duration

The period of duration for the Company shall be perpetual.

ARTICLE V Management

The Company is to be a member-managed company and the name and address of the initial member is:

> PrimeHealth Physicians, LLC 14680 SW 8th Street Suite 211 Miami, Florida 33184-3138

ARTICLE VI Admission of Additional Members

Members shall have the right to admit additional members as provided by the Florida Limited Liability Company Act by a vote of a majority-in-interest of the members.

ARTICLE VII Members' Rights to Continue Business

The death, retirement, resignation, expulsion, dissolution, bankruptcy, dissociation or withdrawal of any member, or the occurrence of any other event that terminates the continued membership of any member shall not cause the Company to be dissolved or its affairs to be wound-up, and upon the occurrence of any such event, the Company shall be continued without dissolution and without any affirmative action or requirement on the part of the members.

MEMBER:

PrimeHealth Physicians, LLC, a Florida limited liability company

y:_____

Diego C. \$aavedra, M.D., Member

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is Jorge Fleites, M.D., L.L.C.
- 2. The name and address of the registered agent and office is: Jorge Fleites, M.D., 9950 SW 107th Avenue, Suite 101, Miami, Florida 33176-2767.

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent.

Jorge Fleiter M.D.

SECRETARY OF STATE