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EFFECTIVE DATE
1-1-2015

100267703951
01/02/15--01025--001 **160.00

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2015 JAN -2 PM 4:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
JAN 15 2015

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DR. SILVA: TOTS, TWEENS & TEENS, LLC
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:

NANCY M. SILVA, MD

Name of Person

DR. SILVA: TOTS, TWEENS & TEENS, LLC

Firm/Company

PO BOX 47957

Address

TAMPA, FL 33646

City/State and Zip Code

DRSILVA_KIDS@ATT.NET

E-mail address: (to be used for future annual report notification)

DRSILVA_KIDS@ATT.NET

For further information concerning this matter, please call:

NANCY M. SILVA, MD

Name of Person

at (813) 907-8001

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

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

Street/Courier Address

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EFFECTIVE DATE
1-1-2015

DR SILVA: TOTS, TWEENS & TEENS, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

2527 WINDGUARD CIRCLE, SUITE 102
WESLEY CHAPEL, FL 33544

PO BOX 47957
TAMPA, FL 33646

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

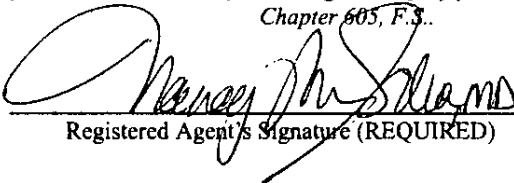
NANCY M. SILVA, MD
Name

2527 WINDGUARD CIRCLE, SUITE 102
Florida street address (P.O. Box NOT acceptable)

WESLEY CHAPEL FL 33544
City Zip

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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 (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

NANCY M. SILVA, MD

PO BOX 47957

TAMPA, FL 33646

AMBR

JOSE D. JIMENEZ, MD

PO BOX 47957

TAMPA, FL 33646

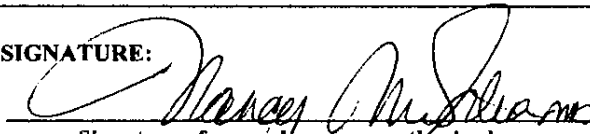
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: JANUARY 1, 2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

NANCY M. SILVA, MD

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)