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T SCHROEDER

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-23

CONTACT: RICKY SOTO

DATE: 08/31/2015

REF. #: 9679306

CORP. NAME: SOUTHEASTERN ORTHOPAEDIC SURGEONS, PLLC

- ☐ ARTICLES OF INCORPORATION ☐ ARTICLES OF AMENDMENT ☐ ARTICLES OF DISSOLUTION
☐ ANNUAL REPORT ☐ TRADEMARK/SERVICE MARK ☐ FICTITIOUS NAME
☐ FOREIGN QUALIFICATION ☐ LIMITED PARTNERSHIP ☒ LIMITED LIABILITY
☐ REINSTATEMENT ☐ MERGER ☐ WITHDRAWAL
☐ CERTIFICATE OF CANCELLATION
☐ OTHER:

STATE FEES PREPAID WITH CHECK# 31221126 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- ☒ CERTIFIED COPY ☐ CERTIFICATE OF GOOD STANDING ☐ PLAIN STAMPED COPY
☐ CERTIFICATE OF STATUS

Examiner's Initials

**ARTICLES OF ORGANIZATION
OF
SOUTHEASTERN ORTHOPAEDIC SURGEONS, PLLC**

The undersigned does hereby subscribe to, acknowledge and file the following Articles of Organization for the purpose of forming a professional limited liability company under the laws of the State of Florida.

**ARTICLE I
Name**

The name of the Limited Liability Company is **SOUTHEASTERN ORTHOPAEDIC SURGEONS, PLLC** (the "Company").

**ARTICLE II
Address**

The mailing address and street address of the principal office of the Company is located at 3225 Aviation Avenue, Suite 500, Miami, Florida 33133, with the privilege of having its offices and branch offices at other places within or without the State of Florida.

**ARTICLE III
Registered Agent**

The name of the Company's registered agent in the State of Florida is B & C Corporate Services, Inc., and the address of the Company's registered office is 2 South Biscayne Boulevard, 21st Floor, Miami, Florida 33131.

**ARTICLE IV
Purpose**

The Company is organized for the purpose of engaging in the practice of medicine in the State of Florida. The Company is empowered to transact any and all lawful business for which limited liability companies may be formed under Chapter 605 of the Florida Revised Limited Liability Company Act.

**ARTICLE V
Duration**

The period of duration for the Company shall be perpetual.

ARTICLE VI Management

The Company is to be a manager-managed company and the names and addresses of the initial managers are:

Jan Pieter Hommen, M.D.
8940 N. Kendall Drive
Suite 101E
Miami, FL 33176

Stephen Alex, M.D.
1150 Campo Sano Ave.
Suite 410
Coral Gables, FL 33146

Francisco Rubio, M.D.
8905 SW 87th Avenue
Suite 100
Miami, FL 33176

Joseph Fernandez, M.D.
8940 N. Kendall Drive
Suite 101E
Miami, FL 33176

David Font-Rodriguez, M.D.
11801 SW 90th Street
Suite 201
Miami, FL 33186

Roberto Miki, M.D.
2750 SW 37th Avenue
Miami, FL 33133

Jonathon Hyde, M.D.
4308 Alton Road
Suite 830
Miami Beach, FL 33140

[SIGNATURE BLOCK ON FOLLOWING PAGE]

The

and the names and

addresses of the initial managers are:

and the names and

addresses of the initial managers are:

addresses of the initial managers are:

addresses of the initial managers are:

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IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization of SOUTHEASTERN ORTHOPAEDIC SURGEONS, PLLC this 30 day of August, 2015.



Jan Pieter Hommen, M.D.
Authorized Representative

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**CERTIFICATE OF DESIGNATION
OF**

REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES, THE UNDERSIGNED PROFESSIONAL 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 professional limited liability company is: **SOUTHEASTERN ORTHOPAEDIC SURGEONS, PLLC**
2. The name and address of the registered agent and office is: **B & C Corporate Services, Inc., 2 South Biscayne Boulevard, 21st Floor, Miami, Florida 33131.**

Having been named as registered agent and to accept service of process for the above-stated professional 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.

B & C Corporate Services, Inc.

LIABILITY COMPANY

FOR THE STATE OF FLORIDA

REGISTERED AGENT

By: Gisela Fasco
Gisela Fasco, Vice President

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