

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L18000014232

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.

(((H18000022122 3)))



H180000221223ABCS

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)617-6381

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

FILED
JAN 18 PM 3:42

****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.
POMPANO MEDICAL SPECIALTY GROUP LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

JAN 19 2018

K Brumpley

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: (Must end with the words "Limited Liability Company," "LLC," or "LC.")

Pompano Medical Specialty Group LLC

ARTICLE II - Address:

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

2700 W Atlantic Blvd suite # 214
Pompano Beach FL 33069

ARTICLE III - Registered Agent, Registered Office:

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

MAYRA Fuentes Baños
2700 W Atlantic Blvd
#214 Pompano Beach FL
33069

ARTICLE IV-

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

MAYRA Fuentes Baños
(AMBR)

FILED
18 JAN 18 PM 3:42

Required Signatures:Sm/tes**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.

MAYRA Fuentes Baños**Typed or printed name of signee**

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..

Sm/tes**Registered Agent's Signature (REQUIRED)**