

L18000055022

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

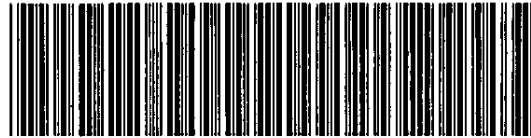
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100309476821

03/01/18--01020--013 **130.00

FILED
18 MAR - 1 AM 10:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N CULLIGAN

MAR 6 2018

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: SOUTH PRIME MEDICAL GROUP 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:

LUIS S. VERAS M.D.

Name of Person

Firm/Company

747 PONCE DE LEON BLVD, # 606

Address

CORAL GABLES, FL 33134

City/State and Zip Code

VERASLUIS@HOTMAIL.COM

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

For further information concerning this matter, please call:

LUIS S. VERAS M.D. 786 218-2062
Name of Person at () 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
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing 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:

SOUTH PRIME MEDICAL GROUP LLC

(Must contain 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:

747 PONCE DE LEON BLVD, STE # 606
CORAL GABLES, FL 33134

SAME

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:

SAYOCKEY CONSULTING, P.A.

Name

9278 HEATHRIDGE DRIVE

Florida street address (P.O. Box **NOT** acceptable)

WEST PALM BEACH FL 33411

City

State

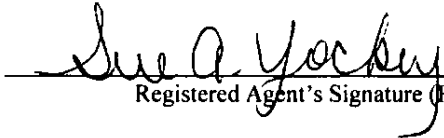
Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 MAR - 1 AM 10: 33

FILED

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)

