L18000010151

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

(((H18000080233 3)))

H180000802333ABCZ

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 : BURR & FORMAN LLP
Account Number : I19990000278
Phone : (407)540-6600
Fax Number : (407)540-6601

FILED
18 MAR 20 AM 10:12

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: caroceca@comcast.net

RECEIVED
2018 MAR 20 PM 4:56
DIVISION OF CORPORATIONS
DIVISION OF COMMERCIAL RECORDING SERVICES

FLORIDA LIMITED LIABILITY CO.

Ceron Pediatrics and Integrative Medicine, PLLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	$125.00

Electronic Filing Menu Corporate Filing Menu Help

N CULLIGAN
MAR 21 2018

(((H18000080233 3)))

FILED

18 MAR 20 AM 10: 12

ARTICLES OF ORGANIZATION
OF
CERON PEDIATRICS AND INTEGRATIVE MEDICINE, PLLC

(a Florida professional limited liability company)

ARTICLE I – NAME:

The name of the professional limited liability company is Ceron Pediatrics and Integrative Medicine, PLLC (the "Company").

ARTICLE II – ADDRESS:

The principal office, street and mailing address of the Company is 13758 Club Cove Drive, Jacksonville, Florida 32225

ARTICLE III - REGISTERED AGENT:

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

Lourdes Carolina Ceron-Canas
13758 Club Cove Drive
Jacksonville, Florida 32225

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

Lourdes Carolina Ceron-Canas

Lourdes Carolina Ceron-Canas

ARTICLE IV - MANAGEMENT:

The Company shall be a manager-managed Company, and the name, address and title of the person authorized to manage and control the Company are:

Name: Lourdes Carolina Ceron-Canas

Title: Manager

Address: 13758 Club Cove Drive
Jacksonville, Florida 32225

ARTICLE V – PURPOSE:

The Company is organized for the purpose of engaging in the practice of healthcare

AUTHORIZED REPRESENTATIVE:

(((H18000080233 3)))

Lourdes Carolina Ceron-Canas

Lourdes Carolina Ceron-Canas

FILED
18 MAR 20 AM 10: 12