

49000190982

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.**

((H19000233696 3)))



H190002336963AB06

**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 : 120000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

**\*\*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.  
ADVANCED PHYSICIAN SERVICES AND RESEARCH, LLC**

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

C RICO

AUG 05 2019

Electronic Filing Menu

Corporate Filing Menu

Help

2019 AUG -5 PM 3:24

2019 AUG -5 PM 5:23  
DIVISION OF CORPORATIONS

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS  
19 AUG -5 PM 5:23

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ADVANCED PHYSICIAN SERVICES AND RESEARCH, LLC

**ARTICLE II - Address:**

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

8900 SW 24 ST. #204 Miami, FL 33156

**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.)*

JUAN MIGUEL Ruiz Unger

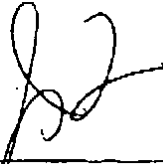
8900 SW 24 ST #204

Miami, FL 33165

**ARTICLE IV**

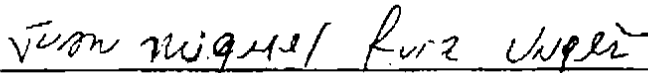
The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)

JUAN MIGUEL Ruiz Unger (AMBR)

**Required Signatures:****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.

**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.

  
**Registered Agent's Signature (REQUIRED)**

DEPT. OF STATE  
DIVISION OF CORPORATIONS  
19 AUG -5 PM 5:23