

# L19000 228878

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

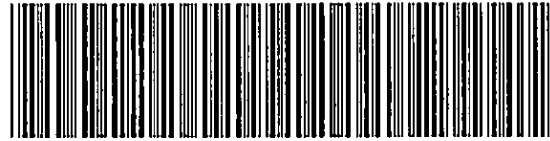
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1. FUENTESMD PLLC  
(CORPORATE NAME AND DOCUMENT #)
2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)
6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

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\_\_\_\_\_  
\_\_\_\_\_

**Articles of Organization  
For  
FuentesMD PLLC**

Florida Limited Liability Company

**ARTICLE I - Name:**

The name of the Limited Liability Company is FuentesMD PLLC

**ARTICLE II - Address:**

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

43 Bayview Ct Unit A Saint Petersburg, FL 33711

**ARTICLE III – Business Purpose:**


The purpose of this PLLC is to engage in the practice of Medicine.

**ARTICLE IV – Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Armando Fuentes 43 Bayview Ct St Petersburg, FL 33711

*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.*

  
Armando Fuentes, Registered Agent

**ARTICLE V - Management:**

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Armando Fuentes 43 Bayview Ct Unit A Saint Petersburg, FL 33711

  
Armando Fuentes, Organizer

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