

LA000232796

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

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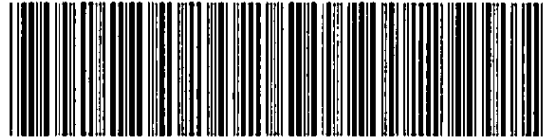
Special Instructions to Filing Officer:

W19-77804

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SEP 23 PM 9:23  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA



**FLORIDA DEPARTMENT OF STATE**  
**Division of Corporations**

August 22, 2019

SCOTT WISNIEWSKI  
5005 LYNDON B JOHNSON FREEWAY, STE 335  
DALLAS, TX 75244

SUBJECT: JULIAN FLORES MD PPLC  
Ref. Number: W19000077804

We have received your document for JULIAN FLORES MD PPLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page  
Regulatory Specialist II

Letter Number: 519A00017340

**COVER LETTER**

**TO: New Filing Section**  
**Division of Corporations**  
Julian Flores MD PPLC

**SUBJECT:** \_\_\_\_\_  
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:

Scott Wisniewski

\_\_\_\_\_  
Name of Person

wisniewski wealth Management

\_\_\_\_\_  
Firm/Company

5005 Lyndon B Johnson Freeway, STE 335

\_\_\_\_\_  
Address

Dallas, TX 75244

\_\_\_\_\_  
City/State and Zip Code

s.wisniewski@wi-wm.com

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

For further information concerning this matter, please call:

Scott Wisniewski                      972                      965-8261

\_\_\_\_\_  
Name of Person                      Area Code                      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

**Street Address**

New Filing Section  
Division of Corporations  
Clifton Building

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:  
The name of the Limited Liability Company is:

Julian Flores MD PLLC  
(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:

<u>Principal Office Address:</u>	<u>Mailing Address:</u>
<u>1100 Brickell Bay Dr.</u>	<u>5005 Lyndon B Johnson Freeway</u>
<u>Apt. 44J</u>	<u>STE 335</u>
<u>Miami, FL 33131</u>	<u>Dallas, TX 75244</u>

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:

Julian Flores  
Name

1100 Brickell Bay Dr., Apt 44J  
Florida street address (P.O. Box **NOT** acceptable)

<u>Miami</u>	<u>FL</u>	<u>33131</u>
City	State	Zip

*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.*

Julian Flores  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Julian Flores

1100 Brickell Bay Dr., Apt 44J

Miami, FL 33131

\_\_\_\_\_

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(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

The specific purpose of the entity is for Health Care/Medical

**REQUIRED SIGNATURE:**

Julian Flores

Signature of a member or an authorized representative of a member.  
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
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.

Julian Flores

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

19 SEP 23 PM 9  
ALL AMBROSIO FILES  
DIVISION OF CORPORATE  
REGISTRATION