

C19000237801

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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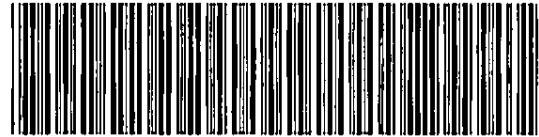
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

J. FASON

OCT 01 2019

COVER LETTER

TO: New Filing Section -
Division of Corporations

SUBJECT: PREFERENTIAL INJURY PHYSICIANS 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:

FRANKIE RODRIGUEZ
Name of Person

CHIROPRACTIC PHYSICIANS REHAB NET INC.
Firm/Company

2711 MICHIGAN NE
Address

KISSIMMEE FL 34744
City/State and Zip Code

DOCTRAUMA.CPRN@GMAIL.COM.
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FRANKIE RODRIGUEZ 407 931-3200
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
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

13, 2019

ORIGUEZ

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PREFERENTIAL INJURY PHYSICIANS L.L.C.
p0082006

document for PREFERENTIAL INJURY PHYSICIANS
taling \$155.00. However, the endosed document has
rned for the following correction(s):

with instructions for your convenience.

a copy of this letter, within 60 days or

our document, please call

7A00018581



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 13, 2019

FRANKIE RODRIGUEZ
PO BOX 452272
KISSIMMEE, FL 34745

SUBJECT: PREFERENTIAL INJURY PHYSICIANS L.L.C.
Ref. Number: W19000082006

We have received your document for PREFERENTIAL INJURY PHYSICIANS L.L.C. and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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.

Jessica A Fason
Regulatory Specialist II

Letter Number: 8190A00018581

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PREFERENTIAL INJURY PHYSICIANS 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:

2711 MICHIGAN AVE

PO Box 452272

KISSIMMEE FL 34744

KISSIMMEE FL 34745

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:

C.P.R.N. INC.

Name

2711 MICHIGAN AVE

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

KISSIMMEE FL 34744

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..

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FL

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

DR. PITRANKE RODRIGUEZ ("MGR")

2711 MICHAEL AVE

KISSIMMEE FL 34744

(Use attachment if necessary)

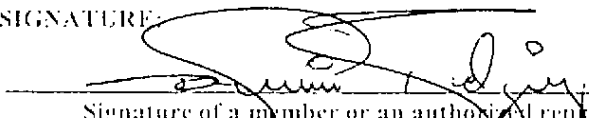
ARTICLE V: Effective date, if other than the date of filing: 9-13-19 (OPTIONAL)

(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.

REQUIRED SIGNATURE:


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.

PITRANKE RODRIGUEZ

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)

\$ 5.00 Certificate of Status (Optional)