

L20000120498

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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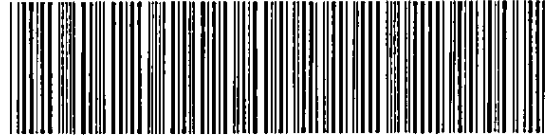
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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LLC

1. **VIRTUAL ENDOCRINOLOGY, LLC**

(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:**

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

**Articles of Organization  
For  
Florida Limited Liability Company**

**Article I**

The name of the Limited Liability Company is:

VIRTUAL ENDOCRINOLOGY, LLC

**Article II**

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

4816 N. Armenia Avenue  
Tampa, Florida 33603

The mailing address of the Limited Liability Company is:

4816 N. Armenia Avenue  
Tampa, Florida 33603

The email address to receive notifications from the Florida Department of State is:

ptroya@msn.com

**Article III**

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

Pedro Troya, M.D.  
4816 N. Armenia Avenue  
Tampa, Florida 33603

Having been named as registered agent and to accept service of the 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.

Registered agent signature: /s/ Pedro Troya, M.D.

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## **Article IV**

The Limited Liability Company will be a manager-managed company. The name and address of person authorized to manage Limited Liability Company is:

Pedro Troya, M.D.  
Title: Manager  
4816 N. Armenia Avenue  
Tampa, Florida 33603

Carlos Fumero, M.D.  
Title: Manager  
4816 N. Armenia Avenue  
Tampa, Florida 33603

Heather Guthrie  
Title: Manager  
4816 N. Armenia Avenue  
Tampa, Florida 33603

Signature of member or an authorized representative: /s/ Pedro Troya, M.D.

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.