

L20000256690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

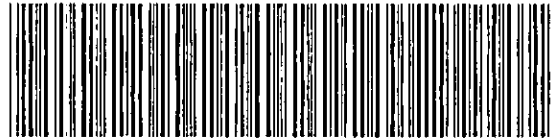
(Business Entity Name)

(Document Number)

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2020 AUG 25 PM 5:02

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AUG 26 2020

**CORPORATE  
ACCESS,  
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- ☐ **CERTIFIED COPY** \_\_\_\_\_
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- xx** **FILING** P.L.L.C. \_\_\_\_\_

**1. ELIZABETH OTEIZA M.D., P.L.L.C.**

(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:**

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

**COVER LETTER**

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Elizabeth Oteiza M.D., P.L.L.C.  
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:

Elizabeth Oteiza, MD

Name of Person

Firm/Company

17070 Gulf Pine Circle

Address

Wellington, FL 33414

City/State and Zip Code

elizabethst@me.com

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

For further information concerning this matter, please call:

Elizabeth Oteiza, MD

561

386-0663

at ( )

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 26, 2020

CORPORATE ACCESS

*Corrected*

SUBJECT: ELIZABETH OTEIZA M.D., P.L.L.C.  
Ref. Number: W20000095601

We have received your document for ELIZABETH OTEIZA M.D., P.L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Correct the spelling of city in Principal office address.

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.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 520A00016360

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DIVISION OF CORPORATIONS

[www.sunbiz.org](http://www.sunbiz.org)

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2020 AUG 27 PM 3: 08

SECRETARY OF STATE  
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Elizabeth Oteiza M.D., P.L.L.C.

(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:**

17070 Gulf Pine Circle

Wellington, FL 33414

**Mailing Address:**

17070 Gulf Pine Circle

Wellington, FL 33414

**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:

Elizabeth Oteiza, MD

Name

17070 Gulf Pine Circle

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

Wellington

FL

33414

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.*

DocuSigned by.

Elizabeth Oteiza, MD

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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:**

MGR

Elizabeth Oteiza, MD  
17070 Gulf Pine Circle  
Wellington, FL 33414

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SECRETARY OF STATE  
TALLAHASSEE, FL

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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.

This company is organized for the purpose of rendering professional medical services.

**REQUIRED SIGNATURE:**

DocuSigned by:

Elizabeth Oteiza, MD

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.

Elizabeth Oteiza, MD

Typed or printed name of signer

**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)