

L20000271036

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

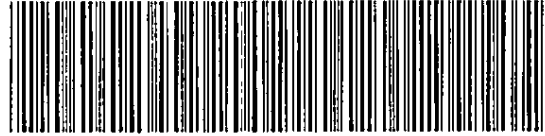
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500351528545

09/09/20--01001--003 \*\*125.00

SEP - 2020  
11:03

2020 SEP -9 AM 9:07  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

MCULLIGAN

SEP 1 2020

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

TOWERS MEDICAL CONSORTIUM LLC

Signature \_\_\_\_\_

Requested by: SETH

09/08/20

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

124 Pender's Printing • Tallahassee, GA 32301

\_\_\_\_ Art of Inc. File \_\_\_\_\_  
\_\_\_\_ LTD Partnership File \_\_\_\_\_  
\_\_\_\_ Foreign Corp. File \_\_\_\_\_  
\_\_\_\_ L.C. File \_\_\_\_\_  
\_\_\_\_ Fictitious Name File \_\_\_\_\_  
\_\_\_\_ Trade/Service Mark \_\_\_\_\_  
\_\_\_\_ Merger File \_\_\_\_\_  
\_\_\_\_ Art. of Amend. File \_\_\_\_\_  
\_\_\_\_ RA Resignation \_\_\_\_\_  
\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_  
\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_  
\_\_\_\_ Cert. Copy \_\_\_\_\_  
\_\_\_\_ Photo Copy \_\_\_\_\_  
\_\_\_\_ Certificate of Good Standing \_\_\_\_\_  
\_\_\_\_ Certificate of Status \_\_\_\_\_  
\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_  
\_\_\_\_ Corp Record Search \_\_\_\_\_  
\_\_\_\_ Officer Search \_\_\_\_\_  
\_\_\_\_ Fictitious Search \_\_\_\_\_  
\_\_\_\_ Fictitious Owner Search \_\_\_\_\_  
\_\_\_\_ Vehicle Search \_\_\_\_\_  
\_\_\_\_ Driving Record \_\_\_\_\_  
\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_  
\_\_\_\_ UCC 11 Search \_\_\_\_\_  
\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_  
\_\_\_\_ Courier \_\_\_\_\_

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: TOWERS MEDICAL CONSORTIUM  
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:

ERNESTO V. TORRES, M.D.

Name of Person

TOWERS MEDICAL

Firm/Company

1450 N.W. 87TH AVENUE, STE. # 206

Address

DORAL, FLORIDA 33172

City/State and Zip Code

~~Etorres@towersmed.com~~ carlos@towersmed.com

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

For further information concerning this matter, please call:

CARLOS RAMIREZ at (305) 215-7854  
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

September 8, 2020

CAPITAL CONNECTION

SUBJECT: TOWERS MEDICAL CONSORTIUM, L.L.C.  
Ref. Number: W20000101135

We have received your document for TOWERS MEDICAL CONSORTIUM, 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 spelling of Presidents first name.

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: 120A00017098

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2020 SEP -9 AM 9: 07

ARTICLE I - Name:

The name of the Limited Liability Company is:

TOWERS MEDICAL CONSORTIUM, L.L.C

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

SECRETARY OF STATE  
TALLAHASSEE, FL

ARTICLE II - Address:

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

Principal Office Address:

4581 WESTON ROAD, STE 117  
WESTON, FLORIDA 33331

Mailing Address:

4581 WESTON ROAD, STE 117  
33331

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.)

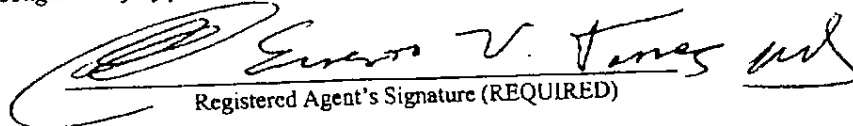
The name and the Florida street address of the registered agent are:

ERNESTO V. TORRES, M.D.  
Name

3810 WINDMILL LAKES DRIVE  
Florida street address (P.O. Box **NOT** acceptable)

<u>WESTON</u>	<u>FLORIDA</u>	<u>33332</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..*

  
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

PRESIDENT

**Name and Address:**

ERNESTO

ERNESTO V. TORRES, M.D.

4581 WESTON ROAD, STE# 117

WESTON, FLORIDA 33331

VICE-PRESIDENT

LILIA G. MOROTE

4581 WESTON ROAD, STE# 117

WESTON, FLORIDA 33331

SECRETARY OF STATE  
TALLAHASSEE, FL

220 SEP -9 AM 9:07

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(Use attachment if necessary)

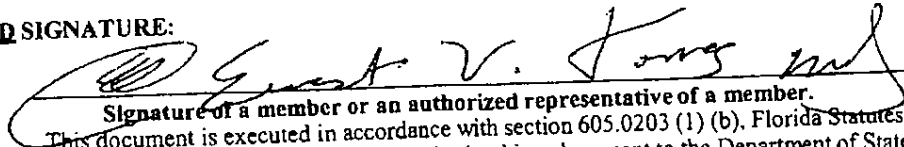
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.

**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.

ERNESTO V. TORRES, M.D.

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)