

L210000260402

Florida Department of State
Division of Corporations
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To: Division of Corporations
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

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**FLORIDA LIMITED LIABILITY CO.
LEP SURGICAL CENTERS, LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

2021 JUN -3 PM 1:21

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

LEP Surgical Centers, LLC

ARTICLE II - Address:

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

Principal Office Address:

12540 SW 203rd St
Miami, FL 33177

Mailing Address:

12540 SW 203rd St
Miami, FL 33177

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:

Lizandra Perdomo

Name

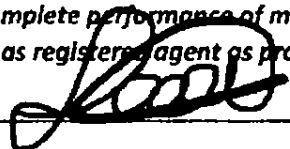
12540 SW 203rd St

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

Miami	FL	33177
City	State	Zip

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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 provide 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: **Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR Lizandra Perdomo
12540 SW 203rd St
Miami, FL 33177

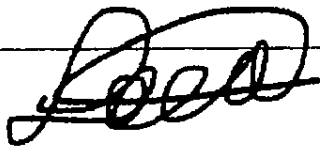
AMBR Eduardo Lorenzo
12540 SW 203rd St
Miami, FL 33177

AMBR Evelys Menendez
12540 SW 203rd St
Miami, FL 33177

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STATE OF FL

(Use attachment if necessary)

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.