

# L21000220533

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6381

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Email Address: \_\_\_\_\_

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

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

**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 203<sup>rd</sup> St  
Miami, FL 33177**Mailing Address:**12540 SW 203<sup>rd</sup> 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 203<sup>rd</sup> StFlorida Street address (P.O. Box **NOT** acceptable)

Miami

FL

33177

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 provide for in chapter 605, F.S.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**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 203<sup>rd</sup> St  
Miami, FL 33177

AMBR

Eduardo Lorenzo  
12540 SW 203<sup>rd</sup> St  
Miami, FL 33177

AMBR

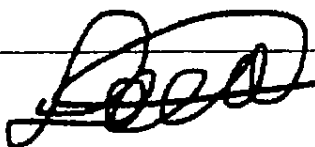
Evelys Menendez  
12540 SW 203<sup>rd</sup> St  
Miami, FL 33177

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(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.**