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Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : ATA REGISTERED AGENT INC.
Account Number : I20090000032
Phone : (561)792-2236
Fax Number : (561)202-8082

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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TALLAHASSEE, FLORIDA

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FLORIDA LIMITED LIABILITY CO.
CLINICA DEL OJO LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

41C

H22000026401 3

**ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED
LIABILITY COMPANY**ARTICLE I: NAME

The name of the Limited Liability Company is:

CLINICA DEL OJO LLCARTICLE II: AddressThe mailing address and street address of the principal office of the
Limited Liability Company is:**4935 RANGER DR. APT 2102
DAVIE, FL 33328**ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE

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

**A1A REGISTERED AGENT INC.
5647 110TH AVENUE NORTH
ROYAL PALM BEACH, FL 33411**

Having been named as registered agent 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.

x **A1A REGISTERED AGENT INC.** / Registered Agent's SignatureSECRETARY OF STATE
TALLAHASSEE, FLORIDA

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H22000026401 3

H22000026401 3

PAGE 2**CLINICA DEL OJO LLC**

ARTICLE IV: The name and address of each person authorized to manage and control the Limited Liability Company.

AMBR:

**MURILLO LOPEZ, SERGIO ANTONIO
VISCACHA NO. D3 Z
VALLE DE ARANJUEZ, LA PAZ, BOLIVIA**

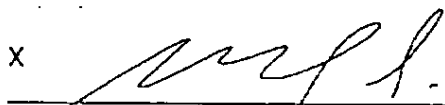
AMBR:

**SAENZ ARCE, RUTH SONIA
VISCACHA NO. D3 Z
VALLE DE ARANJUEZ, LA PAZ, BOLIVIA**

AMBR:

**LLERENA RODRIGUEZ, LUIS
BLOQUE 43 DPTO. 500
LOS PINOS Z. SUR, LA PAZ, BOLIVIA**

X

**JUAN CARLOS COSTAS CHIAPPE**

Signature of a member or an authorized representative of a member

(In accordance with section 605.0203 (1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

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