CORPORATE Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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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. **

Email Address:

FLORIDA LIMITED LIABILITY CO. PARDO MEDICAL CENTER LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
PARDO MEDICAL CENTERLLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
15870 SW 91st CT. PALMETTO BAY. Florio
30 157
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limites! Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.) AIFNERO ANTONIO PARYO
Alfreno ANTONIO PARDO 15820 SW 91st Ct Palmetto Bay 2
Plorida 33157
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)
ALFREDO ANTONIO PARRO AMBR.
Elvira Parbo AMBR.
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Required Signatures:

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution cf 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 Depa tment of State constitutes a third degree felony as provided for in s.817.155, F.S.

ALFREDO ANTONIO PARDO.

Typed or printed name of signee

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)