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	РНОТОСОРУ		JEC: A	
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XX	FILING	LLC	SEE, BLANKS	
	055 KENSINGTON PA ORPORATE NAME AND DOC		ATE -	
(C	ORPORATE NAME AND DOC	UMENT#)		
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liabili	ty Company is:			
1055 Kensington Pa	rk LLC			
		ability Con	pany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a	ddress of the principal offi	ice of the L	imited Liability Company is:	
<u>Princip</u>	al Office Address:		Mailing Address:	
1055 Kensington Park Dr., Unit 409 Altamonte Springs, FL 32714		_	1055 Kensington Park Dr., Unit 4 Altamonte Springs, FL 32714	2024 NOV -7
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an The name and the Florida street			d Agent's Signature: gent. You must designate an individ	-7 M 9:47
	Jorge L. DelBarrio			
		Name		
	1055 Kensington Park			
	Florida street address ((P.O. Box 1	OT acceptable)	
	Altamonte Springs	FL	32714	
	City	State	Zip	
place designated in this certificate further agree to comply with the p	, I hereby accept the appoi rovisions of all statutes rela	ntment as re ating to the registered	for the above stated limited liability egistered agent and agree to act in the proper and complete performance of agent as provided for in Chapter 60.	is capacity. I my duties, and I
	Register	ed Agent's	Signature (REQUIRED)	
		(CONTIN	UED)	

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Elizabeth DelBarrio
	1055 Kensington Park Dr., Unit 409
	Altamonte Springs, FL 32714
MGR	Jorge L. DelBarrio
ALGIN	1055 Kensington Park Dr., Unit 409
	Altamonte Springs, FL 32714
	202 2
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	<u>\times</u>
(Use attachment if necessary)	OPTIONAL) #:
·	FIA 9:
ARTICLE V: Effective date, if other than the date of filing:	
If an effective date is listed, the date must be specific and he date of filing.)	cannot be more than five business days prior to or 90 days after
	pplicable statutory filing requirements, this date will not be listed as
the document's effective date on the Department of State's	
•	
ARTICLE VI: Other provisions, if any.	
The profession being practiced is Medicine.	
REQUIRED SIGNATURE:	
/S/ Jorge L. D	elBarrio
Signature of a member or	an authorized representative of a member.
This document is executed in acc	ordance with section 605.0203 (1) (b), Florida Statutes.
	tion submitted in a document to the Department of State
constitutes a third degree felony a	s provided for in s.817.155, F.S.

Jorge L. DelBarrio

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)