

LO2000019157 (3)

Florida Department of State

Division of Corporations

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MUR

To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

DIVISION OF CORPORATIONS

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RECEIVED

LIMITED LIABILITY COMPANY**CORAL WAY MEDICAL GROUP, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION

ARTICLE I- Name:

The name of the Limited Liability Company is:

CORAL WAY MEDICAL GROUP, LLC

ARTICLE II- Address:

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

1401 Ponce De Leon Blvd.
Suite 200
Coral Gables, Fl 33182

ARTICLE III- Registered Agent, Registered Office, & Registered Agent's Signature:

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

LAW OFFICES OF CARRILLO & CARRILLO, P.A.
1401 Ponce De Leon Blvd., Suite 200
Coral Gables, Fl 33134

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 608, F.S.



Registered Agent's Signature

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TALLAHASSEE FLORIDA

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TOTAL P.03

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ARTICLE IV- Management

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager- managed company.

Pedro R. Carrillo, Esquire
Law Offices Of Carrillo & Carrillo, P.A.
1401 Ponce De Leon Blvd., Suite 200
Coral Gables, FL 33134



Pedro R. Carrillo, Esquire
Signature of an authorized representative

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