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REPLY TO: AVENTURA

* ALSO ADMITTED IN NY & NJ
** ALSO ADMITTED IN SC
*** ALSO ADMITTED IN NJ & PA
† ALSO ADMITTED IN HI
‡ ALSO ADMITTED IN NC

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-09/06/02--01024--016
****155.00 ****155.00

September 5, 2002

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Effective Date -
9-5-02

Via Federal Express

02 SEP -6 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

Re: Articles of Organization for Pines West Family Medicine, LLC

Dear Gentlemen or Madam:

Enclosed are the duly executed Articles of Organization for Pines West Family Medicine, LLC. Please file these Articles immediately upon receipt.

Also enclosed is a check for \$155.00, which I understand to be your fee for filing (\$100), designating a registered agent (\$25), and providing me with a certified copy (\$30).

Your attention in this regard is appreciated.

Sincerely,

BEHAR, GUTT & GLAZER, P.A.,

By:

JEFFREY M. GOTT

JMG

Enclosure(s)

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Pines West Family Medicine, LLC

ARTICLE II - Address:

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

18608 SW 46th Street

Miramar, FL 33029

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

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

David L. Glazer, Esq.

Name

2999 NE 191st Street, Fifth Floor

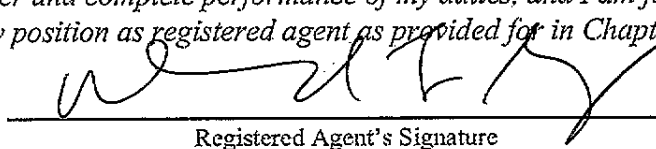
Florida street address (P.O. Box **NOT** acceptable)

Aventura

FL 33180

City, State, and 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 provided for in Chapter 608, F.S.



Registered Agent's Signature

Article IV - Management (Check box if applicable.)

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

Article V

Effective Date:

September 5, 2002

(An additional article must be added if an effective date is requested)


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

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

David L. Glazer, Esq., Representative for Elyse H. Glazer, DO

type or printed name of signee

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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SECRETARY OF STATE
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