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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Requestor's Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_ Phone \_\_\_\_\_

CORPORATION(S) NAME

Arthur Bregman, MD LLC



Empire Toll Free: 1-800-432-3028

- Profit
- NonProfit
- Amendment
- Merger
- Foreign
- Dissolution
- Mark
- Limited Partnership
- Annual Report
- Other LLC
- Reinstatement
- Reservation
- Change of Registered Agent

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- Call When Ready
- Call If Problem
- After 4:30
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- Will Wait
- Pick Up
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**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY**

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**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Arthur Bregman, MD

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**Article II - Address:**

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

1320 South Dixie Highway, Suite 1140  
CORAL GABLES, FL 33146

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

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

Arthur Bregman, MD  
Name

1320 S. Dixie Hwy. Suite 1140  
Florida street address (P.O. Box NOT acceptable)

CORAL GABLES, FL 33146  
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..

Arthur Bregman  
Registered Agent's Signature

**ARTICLE IV - Management / Members**

The name(s) and address(es):

Arthur Bregman, MD  
1320 S. Dixie Hwy #1140  
Coral Gables, FL 33146

**ARTICLE V - 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.

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

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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.)

Arthur Bregman, MD

Typed or printed name of signee