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# Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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# FLORIDA LIMITED LIABILITY CO. FKRS Medical, LLC

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# ARTICLES OF ORGANIZATION OF FKRS MEDICAL, LLC

The undersigned, being authorized to execute and file these Articles of Organization of FKRS MitDICAL, LLC (the "Limited Liability Company"), hereby certifies that:

# ARTICLE 1 - Name:

The name of the Limited Liability Company is:

FKRS MEDICAL, LLC

#### **ARTICLE II -- Address:**

The mailing address and the street address of the principal orfice of the Limited Liability Company is 1905 Clint Moore Road, Suite 201, Boca Raton, Florida 33496.

#### ARTICLE III --- Duration;

The period of duration for the Limited Liability Company shall be perpetual.

#### ARTICLE IV - Registered Agent:

The name and address of the registered agent for service of process in the state shall be:

Seba Krumholtz, M.D. 1905 Clint Moore Road, Suite 201 Boea Raton, Florida 33496

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# ARTICLE Y -- Authorization to Manage:

The Limited Liability Company will be a member-managed company. The name and address of each person authorized to manage and control the Limited Liability Company are:

Title	Name and Address	
AMBR	Seba Krumholtz, M.D. 1905 Clint Moore Road, Suite 201 Boca Raton, Florida 33496	
AMBR	Mark Friedman, M.D. 1905 Clint Moore Road, Suite 201 Boca Raton, Florida 33496	
AMBR	Glenn Rubin, M.D. 1905 Clint Moore Road, Suite 201 Boca Raton, Florida 33496	15 / SEC TALL
AMBR	Robert Sonneborn, M.D 1905 Clint Moore Road, Suite 201 Boca Raton, Florida 33496	AUG-5 AM CREIARY OF
The effective da	ARTICLE VI-Effective Date te is upon filing:	1 8: 58
the action to minital time?		

In accordance with Section 605.0203 (1)(b), Florida Statutes, the execution of 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 Department of State constitutes a third degree felony as provided for in §817.155, F.S.

# STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

# FKRS MEDICAL, LLC

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent as provided for in Chapter 60° F.S.

Scha Krumholtz, M.D.

Dated August 3rd, 2015

SECREMSEE FLORIDA