

# L17000035650

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400295404874

02/16/17--01014--011 \*\*155.00

17 FEB 16 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**FOSTER AND FOSTER**  
**Attorneys and Counselors at Law**

DAVID L. FOSTER  
D. WILLIAM FOSTER

560 FIRST AVENUE NORTH  
ST. PETERSBURG, FLORIDA 33701

727-822-2013

FACSIMILE  
727-823-2562

MAILING ADDRESS:  
P. O. BOX 2911, ST. PETERSBURG, FL 33731

February 13, 2017

Florida Department of State  
Division of Corporations  
Corporate Filings  
P. O. Box 6327  
Tallahassee, Florida 32314

Re: Articles of Organization of:  
**CARDIAC RHYTHM EXPERT CONSULTING, LLC**

Greetings:

Enclosed is the original and one copy of Articles of Organization of the above named proposed corporation.

Please approve these Articles of Organization, file the original, certify the copy, and return the same to the undersigned.

Enclosed is a check for \$155.00 for the filing fee, designation of Registered Agent fee, and one certified copy.

Very truly yours,

FOSTER AND FOSTER

A handwritten signature in black ink, appearing to read 'D. William Foster', is written over a large, stylized, handwritten 'C' or 'F' that serves as a background for the signature.

D. William Foster

DWF/wh  
Enclosures  
Check: \$155.00

**ARTICLES OF ORGANIZATION  
OF  
CARDIAC RHYTHM EXPERT CONSULTING, LLC**

17 FEB 16 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

The undersigned hereby adopt these Articles of Organization for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Florida Statutes Chapter 605, and make, acknowledge and file the following Articles of Organization.

**ARTICLE I - INDEX**

	<u>Page</u>
ARTICLE I - INDEX	1
ARTICLE II - NAME	1
ARTICLE III - ADDRESS	1
ARTICLE IV - INITIAL REGISTERED OFFICE AND AGENT	2
ARTICLE V - DURATION	2
ARTICLE VI - ADDITIONAL CAPITAL CONTRIBUTIONS	2
ARTICLE VII - ADMISSION OF NEW MEMBERS	2
ARTICLE VIII - MEMBERS' RIGHT TO CONTINUE BUSINESS	2
ARTICLE IX - MANAGEMENT	3
ARTICLE X - AMENDMENT	3
ARTICLE XI - REGULATIONS	3

**ARTICLE II - NAME**

The name of the limited liability company shall be:

**CARDIAC RHYTHM EXPERT CONSULTING, LLC**

**ARTICLE III - ADDRESS**

The mailing address and street address of the principal office of the company is **516 Lakeview Road, Villa 5, Clearwater, Florida 33756.**

**CARDIAC RHYTHM EXPERT CONSULTING, LLC**

**Articles of Organization**

**Page Two**

**ARTICLE IV - INITIAL REGISTERED OFFICE AND AGENT**

The street address of the initial registered office of this company shall be **560 First Avenue North, St. Petersburg, Florida 33701**, and the name of the initial registered agent of the company at that address is **DAVID W. FOSTER**.

**ARTICLE V - DURATION**

The company shall commence its existence on the date these articles of organization are filed by the Florida Department of State and shall continue to exist until the company is dissolved as provided in these articles of organization, or as provided in the regulations.

**ARTICLE VI - ADDITIONAL CAPITAL CONTRIBUTIONS**

Each member shall make additional capital contributions to the company only on the unanimous consent of all the members or as provided in the regulations.

**ARTICLE VII - ADMISSION OF NEW MEMBERS**

Except as set forth in the regulations, no additional members shall be admitted to the company except with the unanimous written consent of all the members of the company and on such terms and conditions as shall be determined by all the members. A member may transfer his or her interest in the company as set forth in the regulations of the company, but the transferee shall have no right to participate in the management of the business and affairs of the company or become a member unless all the members of the company other than the member proposing to dispose of his or her interest approve of the proposed transfer by written consent.

**ARTICLE VIII - MEMBERS' RIGHT TO CONTINUE BUSINESS**

The company shall be dissolved on the death, bankruptcy, or dissolution of the members or managers, or on the occurrence of any other event that terminated the

**CARDIAC RHYTHM EXPERT CONSULTING, LLC**

**Articles of Organization**

**Page Three**

continued membership of a member in the company, unless the business of the company is continued by unanimous vote of all the remaining members.

**ARTICLE IX – MANAGEMENT**

The company shall be managed by a manager in accordance with the regulations adopted by the members for the management of the business and affairs of the company. These regulations may contain any provisions for the regulation and management of the affairs of the company not inconsistent with law or these articles of organization. The name and address of each person authorized to manage and control the Limited Liability Company is:

AMBR - **JOHN F. NORRIS, MD**  
**516 Lakeview Road, Villa 5**  
**Clearwater, Florida 33756**

**ARTICLE X - AMENDMENTS**

These Articles of Organization may be amended by the members in the manner provided by law.

**ARTICLE XI - REGULATIONS**

The members may adopt rules and regulations for the management of the business and affairs of the company which are consistent with the laws of the State of Florida and the United States of America, and they shall have the power to alter, amend, or repeal such regulations so long as such action is consistent with law.

**IN WITNESS WHEREOF**, the undersigned organizers have made and subscribed these articles of organization at St. Petersburg, Florida, on this 9<sup>th</sup> day of February, 2017.

  
**JOHN F. NORRIS,**

(SEAL)  
**ORGANIZER**

CARDIAC RHYTHM EXPERT CONSULTING, LLC

Articles of Organization

Page Four

ACCEPTANCE BY REGISTERED AGENT

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 beginning this 13<sup>th</sup> day of February, 2017. 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 605 of the Florida Statutes.

  
DAVID W. FOSTER  
REGISTERED AGENT

STATE OF FLORIDA  
COUNTY OF PINELLAS

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to administer oaths and take acknowledgments, personally appeared JOHN F. NORRIS who is personally known to me and known to me to be the person described in and who executed the foregoing ARTICLES OF ORGANIZATION of CARDIAC RHYTHM EXPERT CONSULTING, LLC, as the Organizer of said company, who after being by me first duly sworn deposes and says that the statements contained in said instrument are true and he acknowledged that he executed the same freely and voluntarily for the purposes therein expressed.

WITNESS my hand and official seal in the County and State last aforesaid this 9<sup>th</sup> day of February, 2017.

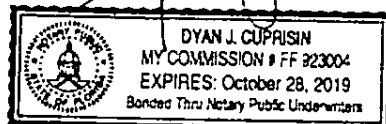
Notary Public: (Signature)

Name: (Print)

My Notary Stamp or Seal:

My Commission Expires :

My Commission Number:



**CARDIAC RHYTHM EXPERT CONSULTING, LLC**

**Articles of Organization**

**Page Five**

STATE OF FLORIDA  
COUNTY OF PINELLAS

I **HEREBY CERTIFY** that on this day, before me, an officer duly authorized in the State and County aforesaid to administer oaths and take acknowledgments, personally appeared **DAVID W. FOSTER** who is personally known to me and known to me to be the person described in and who executed the foregoing **ARTICLES OF ORGANIZATION of CARDIAC RHYTHM EXPERT CONSULTING, LLC**, as the **Registered Agent** of said company, who after being by me first duly sworn deposes and says that the statements contained in said instrument are true and he acknowledged that **he** executed the same freely and voluntarily for the purposes therein expressed.

**WITNESS** my hand and official seal in the County and State last aforesaid this 13 day of **February, 2017**.

Notary Public: (Signature)  
Name: (Print)  
My Notary Stamp or Seal:  
My Commission Expires :  
My Commission Number:

*Julie S. Wood*



JULIE S. WOOD  
MY COMMISSION # GG 026560  
EXPIRES: September 5, 2020  
Bonded Thru Budget Notary Services