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Division of Corporations
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<p>To:</p> <p>Division of Corporations Fax Number : (850)617-6381</p> <p>From:</p> <p>Account Name : TRIPP SCOTT, P.A. Account Number : 075350000065 Phone : (954)525-7500 Fax Number : (954)761-8475</p>	<p>ARTICLES OF ORGANIZATION</p> <hr/> <p>998284.0001 Maizes/Jay, Dr. / Representation of Pulmonary Group</p> <p>MRS / SLM</p>
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: mmm@trippscott.com

**FLORIDA LIMITED LIABILITY CO.
DENZIL SEEDIAL MD, PLLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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REGISTRATION SERVICES

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DENZIL SEEDIAL MD, PLLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

5401 S. CONGRESS AVENUE
SUITE 204
ATLANTIS, FL 33462

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SUITE 204
ATLANTIS, FL 33462

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

SHARI L. MCCARTNEY, ESQ.
Name

C/O TRIPP SCOTT, PA, 110 SE 6TH STREET, 15TH FL.
Florida street address (P.O. Box **NOT** acceptable)

FORT LAUDERDALE FL 33301
City State 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 605, F.S.

Shari McCartney
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member	
"MGR" = Manager	
<u>MGR</u>	<u>DENZIL SEEDIAL MD.</u>
	<u>5401 S. CONGRESS AVENUE, SUITE 204</u>
	<u>ATLANTIS, FL 33462</u>

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.
MEDICAL SERVICES

REQUIRED SIGNATURE:

Shari L. McCartney

Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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 s.817.155, F.S.

SHARI L. MCCARTNEY, ESQ.
Typed or printed name of signer

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

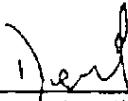
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CONSENT TO USE OF NAME

I, DENZIL SEEDIAL, as President of DENZIL SEEDIAL MD, PA, consent to allow the name DENZIL SEEDIAL MD to be used by DENZIL SEEDIAL MD, LLC as the name for an entity in Florida.

Dated: August 7, 2018

By: 
Name: Denzil Seedial
Title: President

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