Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000141280 3)))



H200001412803ABCS

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.

Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : CARVER DARDEN
Account Number : I20070000116

Phone : (850)266-2300 Fax Number : (850)266-2301

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:\_Itunke@gmail.com

# FLORIDA LIMITED LIABILITY CO.

Coastal Pain Management, PLLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

(((H20000141280 3)))

#### ARTICLES OF ORGANIZATION

OF

#### COASTAL PAIN MANAGEMENT, PLLC

The undersigned, being authorized to execute and file these Articles of Organization, hereby presents these Articles of Organization for formation of a professional limited liability company under the provisions of Fla. Stat. 605 and 621, et seq. (the "Acts"), and hereby certifies that:

#### ARTICLE I - Name:

The name of the limited liability company (hereinafter referred to as the "Company") is COASTAL PAIN MANAGEMENT, PLLC".

#### ARTICLE II - Address:

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

1500 Via De Luna, Apt. G1 Pensacola Beach FL 32561

#### **ARTICLE III - Duration:**

The commencement date of the Company's existence shall be the date of filing of these Articles of Organization, and the period of duration for the Company is perpetual.

#### ARTICLE IV - Purpose:

The Company is organized for the purposes of the providing professional medical services and for any other legal and lawful purpose related thereto for which a professional limited liability company may be organized and may exercise all powers and rights which a professional limited liability company may exercise under the Acts.

#### **ARTICLE IV - Management:**

The Company is to be a member-managed company and is to be managed by its member(s) in accordance with the Company's Operating Agreement. The name and address of the sole initial Authorized Member is:

Laura M. Tunke, M.D. 1500 Via De Luna, Apt. G1 Pensacola Beach FL 32561

Page 1 of 3
Articles of Organization
Coastal Pain Management, PLLC

(((H20000141280 3)))

### ARTICLE V - Limitation and Restrictions of Membership:

No person shall be admitted as a member of the Company, unless such person is a professional corporation, a professional limited liability company, or an individual, each of which must be duly licensed or otherwise legally authorized to render the same specific professional services as those for which the Company is organized. No member may sell or transfer his, her, or its membership interest in the Company except as permitted by the Operating Agreement of the Company and the Acts. No member of a limited liability company organized under this act shall enter into any type of agreement vesting another person with the authority to exercise any of that member's voting power in the limited liability company.

#### ARTICLE VI - Disqualification of Member:

If any member of the Company who has been rendering professional service to the public becomes legally disqualified to render such professional services or accepts employment that, pursuant to existing law, places restrictions or limitations upon that person's continued rendering of such professional services, that person shall sever all employment with, and financial interests in the Company.

## **ARTICLE VII - Registered Agent and Office:**

The name and street address of the initial registered agent of the Company in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Organization, is:

Laura M. Tunke, M.D. 1500 Via De Luna, Apt. G1 Pensacola Beach FL 32561

# ARTICLE VIII - Amendment:

Unless otherwise provided in the Operating Agreement of the Company, these Articles of Organization, or any amendment thereto, may be amended in accordance with the Acts.

IN WITNESS WHEREOF, I have signed these Articles of Organization of Coastal Pain Management, PLLC, and acknowledged them to be my act this \_\_\_\_\_\_ day of May, 2029.

By: Laura M. Tunke, M.D. Authorized Member

Page 2 of 3
Articles of Organization
Coastal Pain Management, PLLC

(((H20000141280 3)))

# CERTIFICATE OF DESIGNATION AND CONSENT TO APPOINTMENT AS REGISTERED AGENT

Having been named Registered Agent and designated to accept service of process for the above stated professional limited liability company, at the place designated herein, and being familiar with the obligations of such position. I hereby accept the appointment as registered agent 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 in Fla. Stat. 605, et seq.

DATED this /2 day of May, 2020.

Laura M. Tunke, M.D.

Page 3 of 3
Articles of Organization
Coastal Pain Management, PLLC