From: Lexus Wingo

9/26/22, 8:57 AM

Division of Corporations

# Florida Department of State

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# FLORIDA LIMITED LIABILITY CO.

# Motion Medical Group, LLC

Certificate of Status	U
Certified Copy	
Page Count	03
Estimated Charge	\$155.00

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SEP 27 2022

#### ARTICLES OF ORGANIZATION FOR PLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

Motion Medical Group, LLC

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

#### ARTICLE II - Address:

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

Principal Office Address:	<u>Mading Address</u> :
980 N. Michigan Ave., Suite 1998	980 N. Michigan Ave., Suite 1998
Chicago, II. 60611	Chicago, IL 60611

## 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,

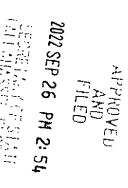
CT Corporation Sy:	Nine	
1200 South Pine Isla	and Road	
Florida street addre	88 (P.O. Box <u>NOT</u> acc	reptable)
Plantation	Florida	33324

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 apacity. 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 Chyster 605, F.S.

By: Kesn Warber, assistant secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)



From: Lexus Wingo

## ARTICLE IV-

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

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Victor Toledano, M.D.
710-11710	980 N. Michigan Ave., Suite 1998
	Chicago, H. 60611
\$4(*1)	n al alanda an
MGR	Benjamin Pizzarello 980 N. Michigan Ave., Suite 1998
	Chicago, IL 60611
N (Z) IS	# 32 - S
MGR	Keiko Sargent 980 N. Michigan Aye., Suite 1998
	Chicago, IL 60611
	Chicago, 11, William
	*******
(Use attachment if necessary)	
(vise different in necessary)	
ARTICLEV) Effective date if other than t	the date of filing: (OPTIONAL)
All an effective date is listed, the date mus	at be specific and cannot be more than five business days prior to or 90 days after
the date of filing.)	The specific and cannot be more than the business cays in the to so you tay, and
	es not meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Depa	· · · · · · · · · · · · · · · · · · ·
The development of the parties of th	
ARTICLEVI: Other provisions, if any.	
	_
REQUIRED SIGNATURE:	<i>⊶</i>
	1.15
	•

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.

Victor Toledano, M.D.

Typed or printed name of signee

#### Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

S 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)