

L01000013983

ALEKSANDR SORKIN
12834 CEDAR BROOK CT.
JACKSONVILLE, FL 32224

PHONE 904-821-4333

SECRETARY OF STATE OF FLORIDA

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-08/17/01--01009--001
****125.00 ****125.00

PLEASE ACCEPT THIS LETTER AS A REQUEST TO REGISTER A LLC. DR. MADFIS &
ASSOCIATES MEDICAL CENTER, LLC. \$125.00 FEE IS ENCLOSED.

SINCERELY YOURS
ALEKSANDR SORKIN



FILED
01 AUG 16 PM 5:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L01-13983
AK

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DR. MADFIS & ASSOCIATES MEDICAL CENTER, LLC.

ARTICLE II - Address:

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

12834 CEDAR BROOK CT.
JACKSONVILLE, FL 32224

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

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

ALEKSANDR SORKIN

Name


12834 CEDAR BROOK CT.

Florida street address (P.O. Box NOT acceptable)

JACKSONVILLE, FL 32224

City, State, and 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 608, F.S.



Registered Agent's Signature

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article IV - Management (Check box if applicable.)

- ☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)


Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

VADIM L. MADFIS

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)