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From:

Account Name : FALLACE & ASSOCIATES, P.A.

Account Number : I20000000191 Phone : (321)951-9900 Fax Number : (321)724-6002

LIMITED LIABILITY COMPANY

OB/GYN Specialists of Brevard, LLC

Certificate of Status	1
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## ARTICLES OF ORGANIZATION FOR OB/GYN SPECIALISTS OF BREVARD, LLC

#### ARTICLE I - NAME

The name of the Limited Liability Company is: OB/GYN Specialists of Brevard, LLC.

# **ARTICLE II - ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is: 782 Sanderling Drive, Indialantic, Florida 32903.

### ARTICLE III - REGISTERED AGENT

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

James H. Fallace 1900 S. Hickory Street, Ste. A Melbourne, FL 32901

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.

James PL Fallace, Registered Agent
ARTICLE IV - MANAGEMENT

The Limited Liability Company is to be managed by its managers and is, therefore, a manager - managed company.

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Signature of a mamber or an authorized epresentative 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.)

Edwin B. I-laves

APPROVEL AND FILED 02 SEP 18 PM 2: 52 SECRETARY OF STATE SECRETARY OF STATE

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