

U03000023652

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

LIMITED LIABILITY COMPANY

Mobile Cryosurgery of Florida, PLLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATION

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OK

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name

H0300022219:

The name of the Limited Liability Company is: **Mobile Cryosurgery of Florida, PLLC**

ARTICLE II - Address

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

**7516 Mahogany Bend Pl.
Boca Raton, FL 33434**

ARTICLE III - The purpose for which this Limited Liability Company is/are formed, are as follows:
To practice the profession of a(n): **Medicine**

ARTICLE IV - Registered Agent, Registered Office & Registered Agent's signature

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

Aaron Katz MD

Name

7516 Mahogany Bend Pl.

(P.O. Box or Mail Drop Box **NOT** Acceptable)

Boca Raton, FL 33434

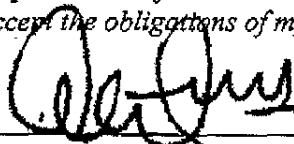
(City / State / Zip)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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 - Aaron Katz MD

ARTICLE V - 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

Aaron Katz MD - 7516 Mahogany Bend Pl., Boca Raton, FL 33434 - Managing Manager



Signature of a member or 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.)

Aaron Katz MD

Typed or printed name of signee

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