

2022000408

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

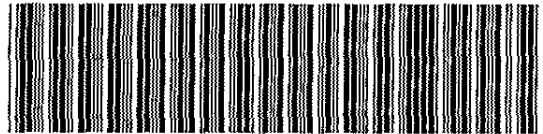
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700029289207

03/23/04 - 01002---010 **125.00

FILED

04 MAR 23 PM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

04 MAR 23 AM 10:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BK



UCC FILING & SEARCH SERVICES, INC.
526 East Park Avenue
Tallahassee, Florida 32301
(850) 681-6528

HOLD
FOR PICKUP BY
UCC SERVICES
OFFICE USE ONLY

March 23, 2004

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):
Naples Critical Care Pulmonary Sleep Specialists, LLC

FILED
MAR 28 PM 1:38
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Filing Evidence

- ☒ Plain/Confirmation Copy

☐ Certified Copy

Type of Document

- ☐ Certificate of Status

☐ Certificate of Good Standing

☐ Articles Only

☐ All Charter Documents to Include
Articles & Amendments
☐ Fictitious Name Certificate

☐ Other

Retrieval Request

- ☐ Photocopy

☐ Certified Copy

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of RA Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Reports
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation
<input type="checkbox"/>	Reinstatement

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

ARTICLES OF ORGANIZATION

of

NAPLES CRITICAL CARE PULMONARY SLEEP SPECIALISTS, LLC

The undersigned organizer hereby forms a Limited Liability Company under Chapter 608 of the laws of the State of Florida.

ARTICLE I. NAME

The name of the Limited Liability Company ("Company") shall be "Naples Critical Care Pulmonary Sleep Specialists, LLC."

ARTICLE II. PRINCIPAL PLACE OF BUSINESS

The address of the principal place of business of this Company shall be 700 2nd Avenue North, Suite 202, Naples, Florida 34102, and the mailing address of the Company shall be the same.

ARTICLE III. TERM OF EXISTENCE

This Company shall commence its existence on the date these Articles are filed, pursuant to Florida Statutes Section 608.409; and shall exist until dissolved in a manner provided by law or as provided in the operating agreement adopted by the members.

ARTICLE IV. NATURE OF BUSINESS

This Company may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE V. NEW MEMBERS

Except as otherwise provided in the operating agreement adopted by the members, no new members shall be admitted without the consent of members owning at least sixty percent (60%) of the voting membership interests.

FILED
04 MAR 13 PM 1:38
TALLAHASSEE
FLORIDA
SECRETARY OF STATE

ARTICLE VI. CONTINUATION OF COMPANY

Except as otherwise provided in the operating agreement adopted by the members, the remaining members of this Company shall have the right to continue the business of the company upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member, or the occurrence of any event that terminates the continual membership of a member in the limited liability company, upon vote of the remaining members owning at least sixty percent (60%) of the voting membership interests.

ARTICLE VII. MANAGEMENT

The Company shall be managed by its manager pursuant to Florida Statutes Section 608.422.

The name and address of the manager is as follows:

Lawrence H. Albert, M.D.
700 2nd Avenue North, Suite 202
Naples, Florida 34102

ARTICLE VIII. INITIAL REGISTERED OFFICE AND REGISTERED AGENT

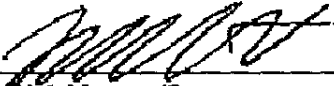
1. The name of the initial registered agent of the Company is Jeff M. Novatt, Esquire.
2. The street address of the initial registered office of the Company shall be CHEFFY, PASSIDOMO, WILSON & JOHNSON, LLP, 821 Fifth Avenue South, Suite 201, Naples, Florida 34102. The mailing address shall be CHEFFY, PASSIDOMO, WILSON & JOHNSON, LLP, 821 Fifth Avenue South, Suite 201, Naples, Florida 34102.

ARTICLE IX. ORGANIZER

The name and street address of the Organizer to these Articles of Organization is:

Jeff M. Novatt, Esq.
Cheffy, Passidomo, Wilson & Johnson
821 Fifth Avenue South, Suite 201
Naples, Florida 34102

IN WITNESS WHEREOF, the undersigned has hereunto set his hands on this 23rd day of March, 2004.

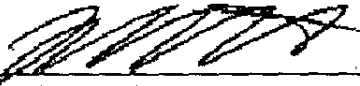


Jeff M. Novatt, Esq.
Authorized Representative

ACCEPTANCE

I agree, as Registered Agent, to accept service of process; to keep my office open during prescribed hours; to post my name (and any other officers of said limited liability company authorized to accept service of process at the above Florida designated address) in some conspicuous place in my office as required by law. I am familiar with and accept the obligations of my position as registered agent.

WITNESS my hand this 23rd day of March, 2004, in the City of Naples, State of Florida.



Jeff M. Novatt, Esq.
Registered Agent