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(Requestor's Name)

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(City/State/Zip/Phone #)

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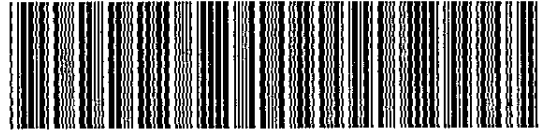
(Business Entity Name)

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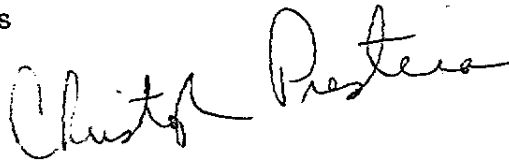
**THE PHYSICIANS ADVOCATE
CHRISTOPHER PRESTERA, JD, CPCU
1707 COCONUT DRIVE
FORT LAUDERDALE, FL 33315**

May 25, 2004

To: Division of Corporations

From: Christopher Prestera

RE: **Formation of LLC**



This letter serves to acknowledge my intention to form the following organization, The Physicians Advocate, LLC. A check made payable to the Florida Department of State is enclosed in the amount of \$160.00 to cover the cost for this application. Should you require any additional information, please call me at 954-336-7284.

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE PHYSICIANS ADVOCATE, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CHRISTOPHER PRESTERA
(Name of Person)

THE PHYSICIANS ADVOCATE
(Firm/Company)

1707 COCONUT DRIVE
(Address)

FT. LAUDERDALE, FL. 33315
(City/State and Zip Code)

For further information concerning this matter, please call:

CHRISTOPHER PRESTERA at 954 , 336-7284
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

THE PHYSICIANS ADVOCATE, LLC

ARTICLE II - Address:

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

Principal Office Address:

1707 COCONUT DRIVE
FT. LAUDERDALE, FL.
33315

Mailing Address:

1707 COCONUT DRIVE
FT. LAUDERDALE, FL.
33315

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

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

CHRISTOPHER PRESTERA
Name

1707 COCONUT DRIVE
Florida street address (P.O. Box **NOT** acceptable)

FT. LAUDERDALE, FLORIDA 33315
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, Florida Statutes..

Christopher Prestera

Registered Agent's Signature

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JAN 2 2019
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JASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

CHRISTOPHER PRESTERA
1707 COCONUT DRIVE
FT. LAUDERDALE, FL 33315

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Christopher Prestera

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.)

CHRISTOPHER PRESTERA

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)

SECTION 608.408(3)
TALAHASSEE, FLORIDA

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