

LO500000 9560

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H05000013483 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : FOWLER, WHITE, BURNETT, ET AL
Account Number : 071250001512
Phone : (305) 789-9200
Fax Number : (305) 789-9201

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2005 JAN 18 AM 10:37

FILED

LIMITED LIABILITY COMPANY

DAVIE FAMILY MEDICAL, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing

Public Access Help

Audit No. H 05000013483 3

ARTICLES OF ORGANIZATION
OF
DAVIE FAMILY MEDICAL, LLC

ARTICLE I

The name of the limited liability company formed hereby is **DAVIE FAMILY MEDICAL, LLC** (the "Limited Liability Company").

ARTICLE II

The duration of the Limited Liability Company shall be perpetual.

ARTICLE III

The principal office and mailing address of the Limited Liability Company shall be as follows:

1395 Brickell Avenue, 14th Floor
Miami, Florida 33131

ARTICLE IV

The Registered Agent of the Limited Liability Company and his street address in the State of Florida are as follows:

Fred K. Lickstein, Esq.
1395 Brickell Avenue, 14th Floor
Miami, Florida 33131

Audit No. H05000013483 3

FILED
2005 JAN 18 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA


Audit No. H 05000013483 3

ARTICLE V

The Limited Liability Company shall be manager-managed. The names and addresses of the initial Managers are as follows:

Risa Kazdan
1045 Spyglass
Weston, FL 33326

Todd Kazdan, M.D.
1045 Spyglass
Weston, FL 33326


Fred K. Lickstein,
as Authorized Representative of the Members


STATE OF FLORIDA)
)
COUNTY OF MIAMI-DADE)

Before me personally appeared Fred K. Lickstein, as Authorized Representative of the Members, ☒ who is personally known to me, or ☐ who produced _____ as identification, to be the person who executed the foregoing Articles of Organization.

In witness whereof I have hereunto set my hand and official seal this 18 day of January, 2005.



Judith D. Rodman
Commission # DD 057845
Expires Oct. 18, 2005
Bonded Thru
Atlantic Bonding Co., Inc.


Notary Public
Print Name: JUDITH D. RODMAN
My Commission expires: 10/18/2005

2005 JAN 18 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Audit No. H 05000013483 3

Audit No. H 05000013483 3

CERTIFICATE OF DESIGNATION
OF RESIDENT AGENT AND
ACCEPTANCE OF DESIGNATION

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned limited liability company organized under the laws of the state of Florida, submits the following statement in designating its Registered Office and Registered Agent in the State of Florida:

1. The name of the limited liability company is DAVIE FAMILY MEDICAL, LLC.
2. The name and address of the Registered Agent and Office is:

Fred K. Lickstein, Esq.
1395 Brickell Avenue, 14th Floor
Miami, Florida 33131

Having been named as Registered Agent and to accept service of process for the above stated limited liability company at the place designated in the 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 am familiar with and accept the obligations of my position as Registered Agent.


Fred K. Lickstein, Registered Agent

Date: January 18, 2005

DAVIE FAMILY MEDICAL, LLC

By: 

Fred K. Lickstein,
as Authorized Representative
of the Members

Audit No. H05000013483 3

[jdr] W:\67111\ARTORG\60JDR\1\12\5-11:3)

2005 JAN 18 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED