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(Requestor's Name)

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(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

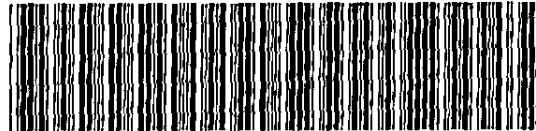
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05 APR 28 AM 7:17  
TALLAHASSEE, FLORIDA  
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SECTION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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Michael D. Mozzetti, MD, PL

- ☐ Art of Inc. File
- ☐ LTD Partnership File
- ☐ Foreign Corp. File
- ☒ L.C. File
- ☐ Fictitious Name File
- ☐ Trade/Service Mark
- ☐ Merger File
- ☐ Art. of Amend. File
- ☐ RA Resignation
- ☐ Dissolution / Withdrawal
- ☐ Annual Report / Reinstatement
- ☒ Cert. Copy
- ☐ Photo Copy
- ☐ Certificate of Good Standing
- ☐ Certificate of Status
- ☐ Certificate of Fictitious Name
- ☐ Corp Record Search
- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval

Signature

Requested by:

Name

Date

Time

4/28/05 12:11

Walk In

Will Pick Up

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**ARTICLES OF ORGANIZATION  
OF**

**Michael D. Mozzetti, M.D., P.L.**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608 and F.S. Chapter 621, hereby make, acknowledge, and file the following Articles of Organization.

**ARTICLE I - NAME:**

The name of the limited liability company shall be:

Michael D. Mozzetti, M.D., P.L.

The specific nature of the business is emergency medicine.

**ARTICLE II - ADDRESS:**

The mailing address and street address of the principal office of the company shall be:

4476 Harbor Boulevard  
Port Charlotte, Florida 33952

**ARTICLE III - REGISTERED OFFICE AND AGENT**

The name and street address of the registered agent of the company in the State of Florida is:

John E. Napolitano, Esquire  
100 Wallace Avenue, Suite 240  
Sarasota, FL 34237

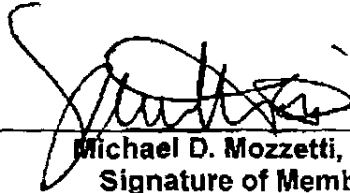
*Having been named as the registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions 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.*

  
John E. Napolitano, Esquire  
Registered Agent

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TALLAHASSEE, FLORIDA

**ARTICLE IV – MANAGEMENT (Check box if applicable.)**

☒ The Limited Liability Company is to be managed by one manager and is, a member managed company.

  
\_\_\_\_\_  
Michael D. Mozzetti, M.D.  
Signature of Member

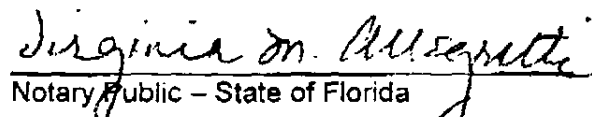
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

IN WITNESS WHEREOF, the undersigned organizer has made and subscribed these articles of organization in Sarasota, Florida, on this 26<sup>th</sup> day of APRIL, 2005.

  
\_\_\_\_\_  
Michael D. Mozzetti, M.D.  
Manager

STATE OF FLORIDA  
COUNTY OF SARASOTA

Sworn to and subscribed before me this 26<sup>th</sup> day of APRIL, 2005, by Michael D. Mozzetti, M.D., who is personally [ ] known to me or [ ] produced James D. Cenal as identification.

  
\_\_\_\_\_  
Notary Public – State of Florida

(Seal)

