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CAPITAL CONNECTION, INC.

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Samuel Williams, M.D., P.L.

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- ☐ Art of Inc. File
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- ☐ Foreign Corp. File
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- ☐ Trade/Service Mark
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- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
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- ☐ UCC 11 Retrieval
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Signature

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ARTICLES OF ORGANIZATION

OF

Samuel Williams, 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:

Samuel Williams, 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:

18500 O'Hara Drive
Port Charlotte, Florida 33948

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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ARTICLE IV – MANAGEMENT (Check box if applicable.)

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

Samuel Williams MD
Samuel Williams, 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 28 day of April, 2005.

Samuel Williams MD
Samuel Williams, M.D.
Manager

STATE OF FLORIDA
COUNTY OF SARASOTA

Sworn to and subscribed before me this 28th day of April, 2005, by Samuel Williams, M.D., who is personally [] known to me or [] produced driver's license as identification.

Virginia M. Allegretti
Notary Public – State of Florida

(Seal)

