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LOS-81676
JR

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Grant Street Professionals, 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:

Tony Raitano
(Name of Person)

Grant Street Professionals, LLC
(Firm/Company)

4442 Curry Ford Road, Suite 4442
(Address)

Orlando FL 32812
(City/State and Zip Code)

For further information concerning this matter, please call:

Tony Raitano at (407) 281-7728
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Grant Street Professionals, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

4442 Curry Ford Road
Suite 4442
Orlando, FL 32812

4442 Curry Ford Road
Suite 4442
Orlando, FL 32812

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

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

Tony Raitano
Name

4442 Curry Ford Road, Suite 4442
Florida street address (P.O. Box **NOT** acceptable)

Orlando FL 32812
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 688, F.S.

Tony Raitano
Registered Agent's Signature

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(CONTINUED)

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:MGRMCathy Frank, MD
4442 Curry Ford Road, Suite 4442
Orlando, FL 32812MGRMMax Hunt
6650 Hoffner Ave., Suite D
Orlando, FL 32822MGRMAnil Patel, MD
4442 Curry Ford Road, Suite 4442
Orlando, FL 32822MGRMSandra Stine, MD
4442 Curry Ford Road, Suite 4442
Orlando, FL 32822

(Use attachment if necessary)

see attachment A

NOTE: An additional article must be added if an effective date is requested.**REQUIRED SIGNATURE:**Arsenio A. Mestre, MD
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.)

Arsenio A. Mestre, MD
Typed or printed name of signee**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

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Articles of Organization for Florida
Limited Liability Company

Attachment A

Title:

Name and Address:

MGRM

Jane Zivalich, MD

4442 Curry Ford Road, Suite 4442
Orlando, FL 32812

MGRM

Arsenio A. Mestre, MD

4442 Curry Ford Road, Suite 4442
Orlando, FL 32812

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