

L080000083664

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

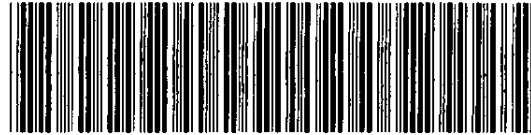
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



300135079233

09/02/08--01045--014 **160.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 SEP - 2 PM 3:30

J. BRYAN

SEP - 3 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Comprehensive OB-GYN of the Palm Beaches,
(Name of Limited Liability Company) LLC

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

Please return all correspondence concerning this matter to the following:

Francisco J. Leon

(Name of Person)

VitalMD Group Holding, LLC

(Firm/Company)

3225 Aviation Avenue, suite 700

(Address)

Miami, FL 33133

(City/State and Zip Code)

For further information concerning this matter, please call:

Melissa O'Rourke

(Name of Person)

at (305) 273.4641

(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)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 SEP - 2 PM 3:30

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Comprehensive OB-GYN of the Palm Beaches, LLC
(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

12959 Palms West Drive
Suite 130
Woxahatchee, FL 33470

Mailing Address:

3225 Aviation Avenue
Suite 700
Miami, FL 33133

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Mitch Yelen

Name

3225 Aviation Avenue, Suite 500

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

Miami FL 33133

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, F.S..

Mitch Yelen

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08/18/2018 2 PM 3:30

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

MGRM

Name and Address:

VitalMD Group Holding, LLC
3225 Avation Avenue, Suite 700
Miami, FL 33133

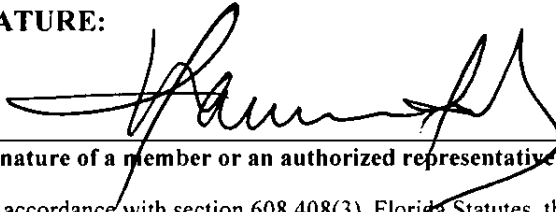
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 SEP -2 PM 3:30

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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.)

Francisco J. Leon

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)