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To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : FILINGS, INC.
Account Number : 072720000101
Phone : (850) 385-6735
Fax Number : (954) 641-4192

FLORIDA/FOREIGN LIMITED LIABILITY CO.

PATRICIA ANASTASIO, MD, LLC

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

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EXAMINER

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

The name of the Limited Liability Company is **PATRICIA ANASTASIO, MD, LLC**

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is: c/o Steven Serle, P.A., 6070 N Federal Highway, Boca Raton, FL 33487.

ARTICLE III - DURATION

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV - MANAGEMENT

The Limited Liability Company is to be managed by a member and the name and address of the Managing Member is:

PATRICIA ANASTASIO, MD
c/o Steven Serle, P.A.
6070 N Federal Highway
Boca Raton, Florida 33487


Patricia Anastasio, M.D., MGRM

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ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be: Members may admit additional members upon majority agreement of current members.

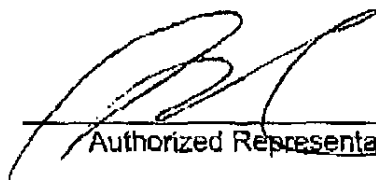
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ARTICLE VI-MEMBERS RIGHT TO CONTINUE BUSINESS

The death, retirement, resignation, expulsion, bankruptcy or dissolution of any member, or the occurrence of any event which terminates the continued membership of a member of this limited liability company, shall terminate this company, unless the remaining members shall unanimously agree to continue the business of the company, in which event, this company shall not so terminate.

IN WITNESS WHEREOF, the undersigned representative of a Member has executed these Articles of Organization on this 3rd day of June 2009.



Authorized Representative of a Member

Printed Name of Authorized Representative: Steven Serle, P.A.

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT AND REGISTERED OFFICE

Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a Registered Office and Registered Agent in the State of Florida.

1. The name of the limited liability company is **PATRICIA ANASTASIO, MD, LLC**
2. The name and address of the registered agent and office is:

Steven Serle, P.A.
6070 N Federal Highway
Boca Raton, FL 33487

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ACKNOWLEDGEMENT

Having been named 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.

Dated: June 3, 2009



Steven Serle, P.A., Registered Agent

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