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SECRETARY OF STATE
AND AHASSEE FLORID

## COVER LETTER

TO:	Registration Division of C					
SUBJE	CCT:	Peter	Kroets	ch, N	И.D. LLC	
Name of Limited Liability Company						
The en	closed Articles	of Organization and fee(s) are	submitted	l for fili	ing.	
Please	return all corres	pondence concerning this mat	ter to the	followi	ng:	
	·	Р	eter Kro		h	
			Name of	Person		
	Peter Kroetsch, M.D.					
			Firm/Cor	npany		
	9736 Via Grandezza West					
			Addre	ess		
			ington,			
			y/State and	-		
-	<del></del>	Pkroe E-mail address: (to be used	tsch@e			ion)
For fur	ther information	n concerning this matter, please	call:			
		er Kroetsch	_ at (	561		891-1384 e Telephone Number
	Name	e of Person		Атеа Со	de & Daytim	e Telephone Number
Enclos	ed is a check t	for the following amount:				
<b>]</b> \$125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Cert	ified C	ing Fee & Copy opy is enclose	S160.00 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		Registra Divisio Clifton 2661 E	Courier Address of Corpor Building xecutive Ce	ations nter Circle

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<del>.</del>		etsch, M.D. LLC ited Liability Company," "L.L.C.," or "LLC.")					
ARTICLE II - The mailing add		of the principal office of the Limited Liability Co	mpany is:				
Principal Offic	e Address:	Mailing Address:	Mailing Address:				
	ndezza West	9736 Via Grandezza West					
Wellington, FL	33411	Wellington, FL 33411					
ARTICLE III (The Limited Liabili business entity with	- Registered Agent, Re ty Company cannot serve as its an active Florida registration.)	gistered Office, & Registered Agent's Signatur own Registered Agent. You must designate an individual or amount	er 9 AUG				
ARTICLE III (The Limited Liabili business entity with	- Registered Agent, Re ty Company cannot serve as its of an active Florida registration.) he Florida street address	gistered Office, & Registered Agent's Signatur own Registered Agent. You must designate an individual or moto of the registered agent are:	9 AUG 24				
ARTICLE III (The Limited Liabili business entity with	- Registered Agent, Re ty Company cannot serve as its of an active Florida registration.) he Florida street address	gistered Office, & Registered Agent's Signatur own Registered Agent. You must designate an individual or anoth of the registered agent are:	9 AUG 24 PH				
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ARTICLE III (The Limited Liabili business entity with	- Registered Agent, Re ty Company cannot serve as its of an active Florida registration.) the Florida street address  Polymer Serve	gistered Office, & Registered Agent's Signatur own Registered Agent. You must designate an individual or anoth of the registered agent are: eter Kroetsch Name a Grandezza West ress (P.O. Box NOT acceptable)	9 AUG 24 PH				

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

#### Page 1 of 2

### ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:	
"MGR" = Manag "MGRM" = Man		
MOKW - Maii	aging Member	
MGR	Peter Kroetsch	
	9736 Via Grandezza	West
	Wellington, EL 33411	
MGRM	Peter Kroetsch	
	9736 Via Grandezza	West
	Wellington, FL 33411	
	-	
	<del></del>	
(Use attachment i	f necessary)	
(C30 unuemnem	i necessary)	
ARTICLE V: Effective of	late, if other than the date of filing:9/1/20	009 (OPTIONAL)
	ed, the date must be specific and cannot be mo	re than five business days prior
to or 90 days after the da	te of filing.)	
REQUIRED SIG	NATURE ()	
REQUIRED SIC	A)	F. 0
	Signature of a member or an authorized representation	ve of a member.
	(In accordance with section 608.408(3), Florida Statutes,	, the execution
	of this document constitutes an affirmation under the pe that the facts stated herein are true.)	mattles of perjury
	Peter Kroetsch	——") <u>——</u> ¥ ₩ ¥
	Typed or printed name of signee	STATE LORID
Filing Fees:		24 RIDA

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