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**CORPORATION NAME (S) AND DOCUMENT NUM** 

Avalon Anesthesia PLLC						
Filing Evidence  □ Plain/Confirmation Copy			Type of Document  ☐ Certificate of Status			
	⊠ Certified Copy			Certificate of God	od Standing	
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	Name Reservation	!	Reinstatement			
	Reinstatement		Trademark			
			Other			

## Articles of Organization For Avalon Anesthesia PLLC Florida Professional Limited Liability Company



### **ARTICLE I - Name:**

The name of the Limited Liability Company is Avalon Anesthesia PLLC

### **ARTICLE II - PURPOSE**

The specific purpose for which the Professional Limited Liability Company is being formed is:

The Professional Practice of Anesthesia Services.

### **ARTICLE III - Address:**

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

1417 Sadler Road, #348 Fernandina Beach, FL 32034

## ARTICLE IV - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Maggie Ann Jeffries 1417 Sadler Road, #348 Fernandina Beach, FL 32034

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.

Maggie Ann Jeriries, Registered Agent

### **ARTICLE V - Management:**

The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Maggie Ann Jeffries 1417 Sadler Road, #348 Fernandina Beach, FL 32034

Maggie Ann Jeffries Organizer