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Florida Department of State
Division of Corporations
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To: Division of Corporations
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FLORIDA LIMITED LIABILITY CO.
Omni Age Management Medicine, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

A. LUNT

APR 16 2011

EXAMINER

RECEIVED
12 APR 13 AM 11:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION

OF

OMNI AGE MANAGEMENT MEDICINE, LLC

**ARTICLE I
NAME**

The name of this Limited Liability Company is OMNI AGE MANAGEMENT MEDICINE, LLC.

**ARTICLE II
DURATION**

This limited liability company shall have a perpetual existence commencing on the date these Articles are filed with the Secretary of State for the State of Florida, unless sooner terminated as provided herein.

**ARTICLE III
PURPOSE**

This limited liability company is organized for the following purposes:

- a. To engage in the practice of medicine as a professional company and to own and operate a medical clinic for the purposes of medical care and treatment.
- b. To promote medical, surgical, and scientific research and knowledge; to furnish related laboratory and clinical services; and to own real and personal property, enter into contracts, and engage in any lawful business necessary for the rendering of the professional medical services.
- c. To do everything necessary, proper, or convenient to accomplish any of the purposes set forth in these articles and to do every other act incidental to the company's purposes which is not

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forbidden by Florida laws or by the provisions of these articles of organization.

The purpose of this limited liability company shall be carried out only through members, officers, employees, and agents, each of whom is licensed or otherwise legally qualified to render professional medical services in the State of Florida.

**ARTICLE IV
PLACE OF BUSINESS AND REGISTERED AGENT**

The principal place of business of this limited liability company shall be 32138 Wolf Branch Lane, Sorrento, Florida 32776, or such other place or places as the members from time to time may determine.

The mailing address of this limited liability company shall be 32138 Wolf Branch Lane, Sorrento, Florida 32776.

The initial Registered Agent of this limited liability company shall be **JERRY M. ALSTOTT**, 32138 Wolf Branch Lane, Sorrento, Florida 32776.

**ARTICLE V
MANAGEMENT OF THE BUSINESS**

This limited liability company shall be a manager-managed company. The initial manager shall be **JERRY M. ALSTOTT** whose address is 32138 Wolf Branch Lane, Sorrento, Florida 32776. Such manager shall continue to manage this limited liability company until a qualified successor is duly elected by a majority of members.

**ARTICLE VI
PROPERTY**

Real or personal property originally brought into or transferred to the Company, or acquired by the Company by purchase or otherwise, shall be held and owned, and conveyance shall be made, in the name of this limited liability company.

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ARTICLE VII
AMENDMENTS

These Articles, except for the vested rights of the members, may be amended from time to time by a two-thirds (2/3) majority in interest of the members, and the amendments shall be filed with the Florida Department of State.

IN WITNESS WHEREOF, the parties hereto have executed these Articles of Organization on this 13th day of April, 2012.

JM Alstott MD

Jerry M. Alstott, Manager

STATE OF FLORIDA
COUNTY OF LAKE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to take acknowledgments, personally appeared **JERRY M. ALSTOTT**, who produced Florida Driver's License as identification or is personally known to me, and who executed the foregoing instrument and he acknowledged before me that he executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 13th day of April, 2012.

Cynthia Kennedy
Notary Public

Notary Public Printed Name

My Commission Expires:



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**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE
FOR SERVICE OF PROCESS WITHIN THIS STATE,
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.**

In pursuance of Chapter 48.091, Florida Statutes, the following
is submitted, in compliance with said Act:

First - that OMNI AGE MANAGEMENT MEDICINE, LLC, desiring to
organize under the laws of the State of Florida with its principal
office, as indicated in the Articles of Organization, at the City of
Sorrento, County of Lake, State of Florida, has named JERRY M.
ALSTOTT, of 32138 Wolf Branch Lane, Sorrento, Florida 32776, as its
agent to accept service of process within this State.

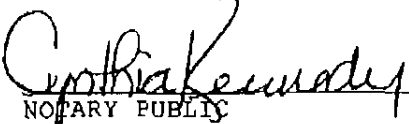
ACKNOWLEDGEMENT

Having been named to accept service of process for the above
stated Company, at the place designated in this certificate, I hereby
accept to act in this capacity, and agree to comply with the
provisions of said Act relative to keeping open said offices.



Jerry M. Alstott, Registered Agent

Sworn to and subscribed before
me this 13th day of April,
2012 by Jerry M. Alstott.



NOTARY PUBLIC

Notary Public Printed Name

My Commission Expires:

