

From: L1300009130719  
 Division of Corporations  
 06/27/2013 10:44:00  
 #8111P.0017002  
 Page 1 of 1

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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FLORIDA LIMITED LIABILITY CO.  
 PRIVATE PEDIATRICS OF PALM BEACH LLC

Certificate of Status	0
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Page Count	03
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Help

JUN 28 2013  
 D. BUTLER

From:

06/27/2013 10:44

#811 P.002/003

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

PRIVATE PEDIATRICS OF PALM BEACH 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:

340 ROYAL POINCIANA PLAZA, SUITE 5C

PALM BEACH, FL 33480

#### Mailing Address:

340 ROYAL POINCIANA PLAZA, SUITE 5C

PALM BEACH, FL 33480

### 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:

NATALIE GEARY

Name

146 Worth Court South

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

WEST PALM BEACH

33405

FL

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..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

From:

06/27/2013 10:44

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**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

**Name and Address:**

MGRM

NATALIE GEARY

146 Worth Court South

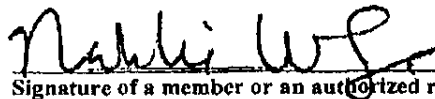
West Palm Beach, FL 33405

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

NATALIE GEARY

Typed or printed name of signer

**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)**