

L13000/45049

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
JODY STUCKY, MD, LLC

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

OCT 15 2013

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

ARTICLE I

The Name of the Limited Liability Company shall be :

JODY STUCKY, MD, LLC

ARTICLE II

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the act.

ARTICLE III

The mailing address and street address of the principal office of the limited liability company is:

495 BRICKELL AVENUE #2502
MIAMI, FL 33131

ARTICLE IV

The Company shall commence business on: OCTOBER 10, 2013

ARTICLE V

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

JODY STUCKY, MD
495 BRICKELL AVENUE #2502
MIAMI, FL 33131

ARTICLE VI

The name of the Managing Member (s) shall be:

MANAGING MEMBER
JODY STUCKY, MD
495 BRICKELL AVENUE #2502
MIAMI, FL 33131

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CLERK OF DISTRICT COURT
JAILORVILLE FLORIDA

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED
OFFICE/MEMBER/REPRESENTATIVE

JODY STUCKY MD LLC

(Name of Company)

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.



Registered Agent

JODY STUCKY

Print Name



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.)

JODY STUCKY

Typed or printed name of signee

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STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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