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### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: SPREZZATURA MEDICAL CONSULTING, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

ARTHUR A. BERT M.D.

Name of Person

SPREZZATURA MEDICAL CONSULTING LLC

Firm/Company

96204 PINEY ISLAND DRIVE

Address

FERNANDINA BEACH, FL. 32034

City/State and Zip Code

DOCCARDIAC C. COX.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARTHUR A. BERT M.D.

Name of Person

at

401

374-3346

(cell)

Area Code & Daytime Telephone Number

(904)

310-9199

(home)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☒ \$160.00 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

Street/Courier Address

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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FLORIDA  
SECRETARY OF STATE

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

SPREZZATURA MEDICAL CONSULTING 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:**

96204 PINEY ISLAND DRIVE  
FERNANDINA BEACH, FL 32034

**Mailing Address:**

96204 PINEY ISLAND DRIVE  
FERNANDINA BEACH, FL 32034

**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:

ARTHUR A. BERT M.D.

Name

96204 PINEY ISLAND DRIVE

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

FERNANDINA BEACH, FL 32034

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.

Arthur A. Bert M.D.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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

MGRM

**Name and Address:**

ARTHUR A. BERT M.D.

9628Y PINEY ISLAND DRIVE

FERNANDINA BEACH, FL. 32034

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: JANUARY 1, 2014 (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:**

Arthur A. Bert M.D.

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.)

ARTHUR A. BERT M.D.

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)**