Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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From:

Account Name : MACLEOD, MCGINNESS & BOWMAN, P.A.

Account Number : 102223000620 : (941)954-8788 Fax Number : (941)954-5974

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## FLORIDA LIMITED LIABILITY CO. AIP Medical Consulting LLC

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W. MILLIGAN EXAMINER

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FAX AUDIT #: H14-219948

## AIP MEDICAL CONSULTING LLC

The undersigned, pursuant to the provisions of Chapter 605 of the Florida Statutes, for the purpose of forming a Limited Liability Company under the laws of the State of Florida does set forth the following:

Article 1. Name. The name of the Company is:

AIP Medical Consulting LLC

The state of the s Article 2. Mailing and Street Address of Principal Office. The mailing and street address of the principal office for the Company is:

6050 Cattleridge Blvd. Sarasota, Florida 34232

Article 3. Duration. The period of duration of the Company shall be perpetual, unless sooner dissolved in accordance with the Operating Agreement and the Florida Revised Limited Liability Company Act.

Article 4. Registered Agent and Office. The name and address of the initial registered agent in Florida for the Company is as follows:

W. LEE McGINNESS

1800 Second Street, Suite 971 Sarasota, FL 34236

Article 5. Management. The Company is to be a manager-managed company.

Article 6. Commencement of Existence. In accordance with Section 605.0207, Florida Statutes, the date when existence of the Company shall commence is the date of subscription and acknowledgment of these Articles of Organization. In the event these Articles of Organization are not filed within the time period set forth in Section 605.0207, Florida Statutes, the date when existence of the Company shall commence is the date of filing by the Secretary of State.

FAX AUDIT #: H14-219948

Under penalties of perjury, I affirm that the facts stated herein are true to the best of my knowledge and belief.

Executed on this 18 day of September, 2014

W. LEE McGINNESS, Authorized Representative

## ACCEPTANCE BY REGISTERED AGENT

Having been appointed the registered agent of AIP MEDICAL CONSULTING

LLC, the undersigned accepts such an appointment, agrees to act in such capacity and is familiar
with and accepts the obligations of the position as provided for in Chapter 605, Florida Statutes.

Executed this 18 day of September, 2014.

W. LEE McGINNESS

Registered Agent

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