

#L 15000027089

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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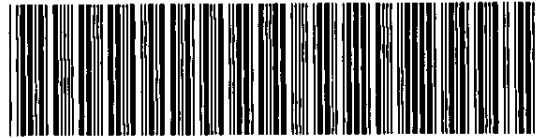
(Business Entity Name)

(Document Number)

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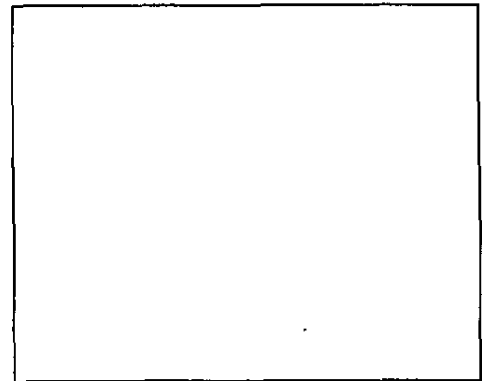
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ENTITY NAME:

DIGESTIVE MEDICINE PARTNERS, LLC

CK# 6810 FOR \$155.00

PLEASE FILE THE ATTACHED ARTICLES & RETURN THE FOLLOWING:

XXX CERTIFIED COPY

___ STAMPED COPY

___ CERTIFICATE OF STATUS

Examiner's Initials

**ARTICLES OF ORGANIZATION OF
DIGESTIVE MEDICINE PARTNERS, LLC**

**ARTICLE I
NAME**

The name of this Limited Liability Company shall be Digestive Medicine Partners, LLC (the "Company").

**ARTICLE II
PRINCIPAL PLACE OF BUSINESS**

The principal place of business of the Company shall be 2140 W. 68th Street, Suite 300, Hialeah, FL 33016, and such other place or places as the member from time to time may determine. The mailing address of the Company is 2140 W. 68th Street, Suite 300, Hialeah, FL 33016.

**ARTICLE III
INITIAL REGISTERED OFFICE AND
REGISTERED AGENT**

The initial registered agent of the Company shall be Atrium Registered Agents, Inc. The address of the initial registered agent is 1500 San Remo Avenue, Suite 125, Coral Gables, Florida 33146.

**ARTICLE IV
MANAGEMENT**

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager – managed company. The name and address of the manager who will serve as manager until the first annual meeting of members or until his successor is selected and qualified in accordance with the Operating Agreement or applicable law is:

Francisco R. Maderal M.D.
2140 W. 68th Street, Suite 300
Hialeah, FL 33016

**ARTICLE V
DURATION**

The period of duration of the Company shall be perpetual, and the Company shall be in existence until dissolved in a manner provided by law, or as provided in the Operating Agreement.

IN WITNESS WHEREOF, the undersigned has caused these Articles of Organization to be executed on the 12th day of February, 2015, effective upon filing same with the Florida Department of State.

BY: _____

Leslie A. Share, Authorized Representative

(In accordance with section 605.0203 (1) (b), 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.)

FILED
2015 FEB 12 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

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2015 FEB 12 AM 10:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. The name of the limited liability company is:

Digestive Medicine Partners, LLC
2. The name and address of the registered agent and office is:

Atrium Registered Agents, Inc.
1500 San Remo Avenue, Suite 125
Coral Gables, Florida 33146

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 605, F.S.

ATRIUM REGISTERED AGENTS, INC.

By: 
Leslie A. Share, Vice President

Date: February 12, 2015