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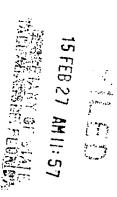
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COVER LETTER

TO:	Registration Division of C	Section Corporations		
SUBJI	ECT: <u>Gary C</u>	ater, DO, LLC Name of Lin	nited Liability Company	
The en	closed Articles	of Organization and fee(s) as	e submitted for filing.	
Please	return all corre	spondence concerning this m	atter to the following:	
	Gary Car	ter		
			Name of Person	
	<u></u>		Firm/Company	
	3500 Oc	ean Drive South	Address	
			7 144. 050	
	Jackson	ville Beach, FL 32250	City/State and Zip Code	
.gc	ater1@comc	ast.net	d for future annual report not	fication)
F- 6	والمراجعة والمراجعة			neadon)
ror rui	ther informatio	n concerning this matter, ple	ase cau:	
Gary (at (!	350) 322-4215	·
	Nar	ne of Person	Area Code Daytime	Telephone Number
Enclos	ed is a check fo	or the following amount:		
☑ \$125.0	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclose	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>Ma</u>	iling Address	Street/Courier A	<u>address</u>

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Gary Cater, DO, LLC (Must end with the words "Limited I	Liability Company, "L.L.C.," or "LLC	.")
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company	is:
Principal Office Address:	Mailing Address:	
3500 Ocean Dr. S Jacksonville Beach, FL 32250	3500 Ocean Dr. S Jacksonville Beach, FL 32250	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	Registered Agent. You must designate	an individual or
The name and the Florida street address of the registered a	igent are:	
Gary Cater Name		
3500 Ocean Dr. S Florida street address (P.O. Box J	NOT acceptable)	
Jacksonville Beach	FL 32250	
City	Zip	
Having been named as registered agent and to accept serve the place designated in this certificate. I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the obligious control of the control of t	the appointment as registered agent an fall statutes relating to the proper and gations of my position as registered ago	nd agree to act in this complete performance
Registered Agent's Signatur	r 605, F.S ure (REQUIRED)	15 FEB 2
(CONTINUE	D)	AH CO
Page 1 of 2		appe OI

	Name a	R" = Authorized Member
		= Manager
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rive South each, FL 32250	3500 O	
<u>IdUI, FL 32230</u>	Jackson	
	<u></u>	
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Add the following provision per Article VI of the Articles of Organization for Gary Cater, DO, LLC

<u>Distribution Authority</u> - The members may in their sole discretion distribute the profits and/or capital of the LLC business pro-rata or non-pro-rata as they deem advisable. If the members make non-pro-rata distributions, those shall be taken into account in re-calculating each member's capital account (and/or drawing account) at the end of the LLC's fiscal year.

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