

L15000103982

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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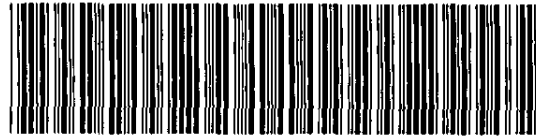
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

1/11

Wolters Kluwer

515 E. Park Ave., Tallahassee, FL, 32301

850-205-8842

NEUROLOGY OFFICES OF SOUTH FLORIDA, LLC

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Thank you!

<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Merger
<input type="checkbox"/> Nonprofit		
<input type="checkbox"/> Foreign	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> Mark
	<input type="checkbox"/> Reinstatement	
<input type="checkbox"/> Limited Partnership	<input type="checkbox"/> Annual Report	<input type="checkbox"/> Other
<input checked="" type="checkbox"/> LLC	<input type="checkbox"/> Name Registration	
Formation	<input type="checkbox"/> Fictitious Name	<input type="checkbox"/> UCC
<input checked="" type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
New Formation		
<input type="checkbox"/> Call When Ready	<input type="checkbox"/> Call If Problem	
<input checked="" type="checkbox"/> Walk In	<input type="checkbox"/> Will Wait	<input checked="" type="checkbox"/> Pick Up
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6/16/2015

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Order#:
9590122

Ref#: _____

Amount: \$ _____

Neurology Offices of South Florida, PLLC
9970 Central Park Blvd., Suite 207
Boca Raton, FL 33428

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15 JUN 16 AM 10:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 5, 2015

Florida Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

Re: Neurology Offices of South Florida, LLC

Dear Sir or Madam:

The undersigned, as President of Neurology Offices of South Florida, PLLC, a Florida professional limited liability company, hereby authorizes use of the name "Neurology Offices of South Florida, LLC", a to-be-formed Florida limited liability company. Any potential name conflicts are hereby waived.

Sincerely,

Neurology Offices of South Florida, PLLC,
a Florida professional limited liability company
Document Number L09000084597

By: Brian A. Costell
Brian A. Costell, M.D., President

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AND
FILED

15 JUN 16 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
NEUROLOGY OFFICES OF SOUTH FLORIDA, LLC**

**ARTICLE I
Name**

The name of the Limited Liability Company is Neurology Offices of South Florida, LLC (the "Company").

**ARTICLE II
Address**

The street address of the principal office of the Company is 9970 Central Park Blvd., Suite 207, Boca Raton, Florida 33428 and the mailing address is 9960 NW 116 Way, Suite 13, Medley, Florida 33178.

**ARTICLE III
Registered Agent**

The name of the Company's registered agent in the State of Florida is Neuroscience Consultants, LLP and the address of the Company's registered office is 9960 NW 116 Way, Suite 13, Medley, Florida 33178.

**ARTICLE IV
Duration**

The period of duration for the Company shall be perpetual.

**ARTICLE V
Management**

The Company is to be a member-managed company and the name and address of the initial member is:

Neuroscience Consultants, LLP
P.O. Box 160010
Hialeah, Florida 33016

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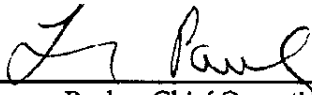
15 JUN 16 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

IN WITNESS WHEREOF, the undersigned has executed these Articles of
Organization of **NEUROLOGY OFFICES OF SOUTH FLORIDA, LLC** this 15
day of June, 2015.

MEMBER:

Neuroscience Consultants, LLP, a Florida
limited liability partnership

By: 
Lanny Pauley, Chief Operating Officer
and Authorized Representative

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AND
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15 JUN 16 AM 10: 22

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

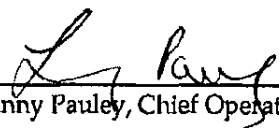
PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is Neurology Offices of South Florida, LLC
2. The name and address of the registered agent and office is: Neuroscience Consultants, LLP, 9960 NW 116 Way, Suite 13, Medley, Florida 33178.

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent.

Neuroscience Consultants, LLP, a Florida
limited liability partnership

By: _____


Lanny Pauley, Chief Operating Officer