

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L15000110977
FILED 8:00 AM
June 04, 2015
Sec. Of State
tscott

Article I

The name of the Limited Liability Company is:

GULFSHORE OBSTETRICS AND GYNECOLOGY, LLC

Article II

The street address of the principal office of the Limited Liability Company is:

4521 EXECUTIVE DRIVE
SUITE 102
NAPLES,, FL. 34119

The mailing address of the Limited Liability Company is:

1501 YAMATO ROAD
SUITE 200 WEST
BOCA RATON, FL. 33431

Article III

The name and Florida street address of the registered agent is:

UPM SERVICE CORP.
1501 YAMATO ROAD
SUITE 200 WEST
BOCA RATON, FL. 33431

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.

Registered Agent Signature: CHRISTOPHER SUELING

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGRM
FLORIDA WOMAN CARE
660 GLADES ROAD, SUITE 340
BOCA RATON, FL. 33431

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Signature of member or an authorized representative

Electronic Signature: KENNETH KONSKER

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.



1501 Yamato Road, Suite 200 West
Boca Raton, FL 33431
Tel. No.: (561) 300-2410 ext. 185

900 273 64570

Facsimile transmittal

To: **Tyron Scott,**
Secretary of State, State of Florida
Corporations Division

Date: 6/24/2015

Fax: 850-245-6804

Pages: (4 pp)

From: Doris R. Muscarella
Corporate Paralegal

Re: **Gulfshore Obstetrics and Gynecology, LLC**
Tracking No.: W15000039686

On June 4, 2015, we filed with the Florida Department of State, Division of Corporations Gulfshore Obstetrics and Gynecology LLC., (copy of filing attached). Gulfshore Obstetrics and Gynecology, P.A., and Gulfshore Obstetrics and Gynecology LLC, and sister companies. However, the Secretary of State did not accept the filing of the LLC because it had similar name as the PA. Therefore, we are filing the original Consent to Use of Similar Name executed by the owner of Gulfshore Obstetrics and Gynecology, P.A. (copy attached for reference). The originals will be mailed to the Florida Department of State Division of Corporations. Will these documents be sufficient to incorporate Gulfshore Obstetrics & Gynecology, LLC.

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Date: 6/9/2015

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

Consent to Use of Similar Name

GULFSHORE OBSTETRICS AND GYNECOLOGY P.A.

1) _____
Name of the entity or individual who holds the existing name on file with the Secretary of State

Consents to use of

GULFSHORE OBSTETRICS AND GYNECOLOGY, LLC.

2) _____
Proposed name

As the name of a filing entity or foreign filing entity in Florida for the purpose of submitting a filing instrument to the secretary of state. This consent does not authorize the use of the similar name in violation of a right of another under the Trademark Act of 1946, as amended (15 U.S.C. Section 1051 et seq.); Chapter 16 or 71, Business & Commerce Code; or common law.

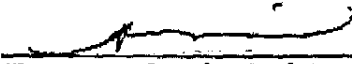
- 3) The undersigned certifies to being authorized by the holder of the existing name to give this consent. The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument.

Date: 6/9/2015

By: **GULFSHORE OBSTETRICS AND GYNECOLOGY P.A.**

Name of existing entity, if any (type or print)

P15000047989
File Number of existing entity, if any


Signature of Authorized Person

Maria Gabriela Pachori
Name of Authorized Person (type or print)

Manager
Title of Authorized Person, if any (type or print)