

Division of Corporations

Page 1 of 1

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H15000260381 3)))



H150002603813ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
 Fax Number : (850) 617-6381

From:

Account Name : JOHNSON, POPE, BOKOR, RUPPEL & BURNS, LLP.
 Account Number : 076666002140
 Phone : (727) 461-1818
 Fax Number : (727) 441-8617

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please**

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
Medical Specialists Member II, PLLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

15 OCT 29 11:18:14

FILED
 15 OCT 30 AM 5:08
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

((H15000260381 3)))

**ARTICLES OF ORGANIZATION
OF
MEDICAL SPECIALISTS MEMBER II, PLLC**

The undersigned hereby certifies that he is the Authorized Representative of one of the Members who is forming a Professional Limited Liability Company under Chapter 621, Florida Statutes. The following Articles of Organization are hereby adopted.

**ARTICLE I.
NAME**

The name of the Professional Limited Liability Company shall be Medical Specialists Member II, PLLC.

**ARTICLE II.
DURATION; EFFECTIVE DATE**

This Professional Limited Liability Company shall exist perpetually commencing as of November 1, 2015.

**ARTICLE III.
MAILING ADDRESS; PRINCIPAL OFFICE**

The mailing address of the Professional Limited Liability Company is 830 Central Avenue, Suite 100, St. Petersburg, Florida 33701 and the street address of the principal office of the Limited Liability Company is 830 Central Avenue, Suite 100, St. Petersburg, Florida 33701.

**ARTICLE IV.
INITIAL REGISTERED OFFICE AND REGISTERED AGENT**

The address of the initial registered office of the Professional Limited Liability Company is 333 3rd Avenue North, Suite 200, St. Petersburg, Florida 33701 and the name of its initial registered agent at such address is Matthew A. Hatfield, Esq.

**ARTICLE V.
PURPOSE**

This Professional Limited Liability Company is organized for the purpose of owning a membership interest in Medical Specialists of Florida, PLLC, a Florida professional limited liability company, which renders health care services, including related ancillary services. This Professional Limited Liability Company shall engage in no other business.

**ARTICLE VI.
RESTRICTIONS ON MEMBERSHIP;
RIGHT TO ADMIT ADDITIONAL MEMBERS**

Members must be either licensed to practice medicine in the State of Florida, or an entity wholly owned by individuals licensed to practice medicine in the State of Florida. A member's interest in the Professional Limited Liability Company may not be sold or otherwise transferred except to a person licensed to practice medicine in the State of Florida, or to an entity wholly owned

((H15000260381 3)))

FILED
15 OCT 30 PM 3:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

((H15000260381 3)))

by individuals licensed to practice medicine in the State of Florida and only in accordance with the provisions of the Operating Agreement of this Professional Limited Liability Company.

The undersigned, being the Authorized Representative of one of the Members of the Professional Limited Liability Company, hereby certifies that the foregoing constitutes the Articles of Organization of Medical Specialists Member II, PLLC.

Executed by the undersigned on October 30, 2015.



Matthew A. Hatfield
Authorized Representative

ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT
ACKNOWLEDGMENT OF REGISTERED AGENT

Pursuant to Chapters 605 and 621, Florida Statutes, I agree to act in the capacity of Registered Agent for Medical Specialists Member II, PLLC and will comply with the provisions of all statutes relative to the proper and complete performance of my duties. I am familiar with and accept the obligations of Section 605.0113, Florida Statutes.

DATED this 30th day of October, 2015.



Matthew A. Hatfield

2087795

((H15000260381 3)))