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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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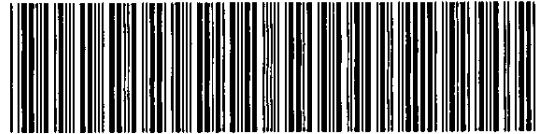
(Business Entity Name)

(Document Number)

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**CORPORATE
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- ☐ **CERTIFIED COPY** _____
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1. KARTSONIS FAMILY MEDICINE, PLLC

(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

**ARTICLES OF ORGANIZATION
OF
KARTSONIS FAMILY MEDICINE, PLLC
A FLORIDA PROFESSIONAL LIMITED LIABILITY COMPANY**

* * *

**ARTICLE I
NAME**

The name of this limited liability company is Kartsonis Family Medicine, PLLC.

**ARTICLE II
DURATION**

The Company's duration shall be perpetual unless sooner dissolved.

**ARTICLE III
PRINCIPAL OFFICE**

The mailing address and the street address of the principal office of the Company is 6817 Southpoint Parkway, Suites 1403 and 1404, Jacksonville, Florida 32216.

**ARTICLE IV
REGISTERED OFFICE AND AGENT**

The initial registered office of the Company is 1050 Riverside Avenue, Jacksonville, Florida 32204. The registered agent at such address is Sidney S. Simmons, II.

**ARTICLE V
PURPOSE AND POWERS**

The Company is organized to engage in the practice of medicine and any other general business purpose, and shall have all powers provided by law and may use those powers to any lawful purpose.

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ARTICLE VI
MEMBERS

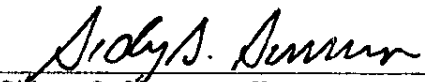
The Company shall admit as members only individuals, professional corporations, or professional limited liability companies which are duly licensed or otherwise legally authorized to practice medicine.

ARTICLE VII
MEMBER MANAGED

The Company shall be member managed. The member is:

Philippos D. Kartsonis, M.D.
6817 Southpoint Parkway, Suites 1403 and 1404,
Jacksonville, Florida 32216

IN WITNESS WHEREOF, the undersigned has duly executed these Articles of Organization as of this 4 day of January, 2016.



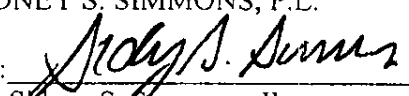
Sidney S. Simmons, II
Authorized Representative

REGISTERED AGENT FOR THE SERVICE OF PROCESS WITHIN FLORIDA

Having been named as registered agent to accept service of process for the above stated Company, at the place designated in this certificate, I hereby agree to 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.

DATED this 4 day of January, 2016

SIDNEY S. SIMMONS, P.L.

By: 

Sidney S. Simmons, II
Its President

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