

L16000123327

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.

((H16000160165 3)))



H160001601653ABC

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 : NASON, YEAGER, GERSON, WHITE & LIOCE, P.A.
Account Number : 073222003555
Phone : (561) 686-3307
Fax Number : (561) 290-1590

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

Email Address: bmann@nasonyeager.com

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 JUL - 1 AM 10:55

FILED

FLORIDA LIMITED LIABILITY CO.
Sunshine Medical Systems Associates, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

RECEIVED

16 JUL - 1 PM 1:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

ARTICLES OF ORGANIZATION
OF
SUNSHINE MEDICAL SYSTEMS ASSOCIATES, LLC

I, the undersigned authorized representative of the Members, hereby make, acknowledge and file these Articles of Organization for the purpose of forming a limited liability company under the laws of the State of Florida.

ARTICLE I
NAME

The name of this Limited Liability Company is:

SUNSHINE MEDICAL SYSTEMS ASSOCIATES, LLC

ARTICLE II
ADDRESS

The street address and mailing address of the principal office is:

3001 PGA Blvd.
Suite 305
Palm Beach Gardens, FL 33410

ARTICLE III
CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

The name and the Florida street address of the registered agent and office are:

John White II
3001 PGA Blvd.
Suite 305
Palm Beach Gardens, FL 33410

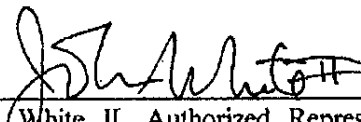
FILED
16 JUL - 1 AM 10:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Having been named as registered agent to accept service of process for the above-stated limited liability company, at the location designated herein, I hereby consent to and accept the appointment to act in this capacity, acknowledge that I am familiar with and accept the obligations of a registered agent and agree to comply with the laws of Florida applicable thereto.



John White II, Registered Agent

IN WITNESS WHEREOF, the undersigned authorized representative of the Members has made and subscribed these Articles of Organization at Palm Beach Gardens, Florida, for the uses and purposes aforesaid, this 1st day of July, 2016.



John White II, Authorized Representative of the Members

\\fs1\docs\09763\09763-22313435891.docx/bmm

FILED
16 JUL -1 AM 10:35
SECRETARY OF STATE
TALLAHASSEE FLORIDA