Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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TO:

Division of Corporations

Pax Number : (850)617-6381

From:

Account Name : ALLEN DELL, P.A.
Account Number : I20040000136
Phone : (813)223-5351
Fax Number : (813)229-6682

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

Email Address: jrugg@allendell.com/Joseph Rugg/813-769-3941

FLORIDA LIMITED LIABILITY CO. NOVELLE HEALTH PARTNERS, LLC

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SECRETARY OF STATE
TALLARASSEE, FLORIDA



December 13, 2016

FLORIDA DEPARTMENT OF STATE Division of Corporations

ALLEN DELL, P.A.

SUBJECT: NOVELLE HEALTH PARTNERS, LLC

REF: W16000083231

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Jessica A Fason Regulatory Specialist II FAX Aud. #: R16000303997 Letter Number: 716A00026424 (((H160003039973)))

ARTICLES OF ORGANIZATION OF NOVELLE HEALTH PARTNERS, LLC

- 1. Name. The name of this limited liability company is NOVELLE HEALTH PARTNERS, LLC, a Florida limited liability company (the "Company").
- 2. <u>Duration</u>. The Company shall be effective upon the filing of these Articles and shall thereafter have perpetual existence.
- 3. <u>Purpose</u>. The Company is organized for the purpose of transacting all lawful activities and businesses that may be conducted by a limited liability company under the laws of Florida.
- 4. <u>Place of Business.</u> The mailing and street address of the Company's principal office is c/o Richard Ferrelli, 4033 Tampa Road, Suite 101, Oldsmar, Florida 34677.
- 5. Registered Agent and Office. The name and street address of the initial registered agent of the Company is Joseph Rugg, 202 South Rome Avenue, Suite 100, Tampa, Florida 33606.
- 6. <u>Management of the Company</u>. The Company is manager-managed for purposes of Florida Statutes Section 605.0407 and other applicable provisions of Florida Statutes Chapter 605. The managers will be selected in the manner set forth in the Company's Operating Agreement as adopted and executed by its members. The name and address of each person initially authorized to serve as manager of the Company and to manage and control the Company are as follows:

Name

Address

Karalee Kulek-Luzey, M.D. Richard Ferrelli

4033 Tampa Road, Suite 101, Oldsmar, Florida 34677 4033 Tampa Road, Suite 101, Oldsmar, Florida 34677

Dated: December 12, 2016

ACCEPTANCE BY REGISTERED AGENT

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated, 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 as provided for in Florida Statutes Chapter 605.

Dated: December 12, 2016

Joseph Ruge

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