

L1700002300

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

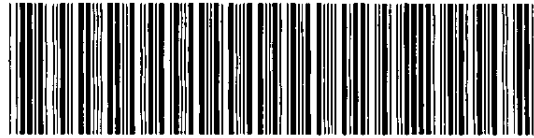
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. GOLDEN

MAR 21 2017

**CORPORATE  
ACCESS,  
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- CERTIFIED COPY \_\_\_\_\_
- PHOTOCOPY \_\_\_\_\_
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- FILING LLC \_\_\_\_\_

1. Florida Fyz, LLC  
(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 #)

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**SPECIAL INSTRUCTIONS:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ARTICLES OF ORGANIZATION FOR FLORIDA FYZICAL, LLC**

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**ARTICLE I:**

The name of the Limited Liability Company is Florida Fyz, LLC.

**ARTICLE II:**

The mailing address, street address and e-mail address of the principal office of the Limited Liability Company is:

1127 Nikki View Dr.  
Brandon, FL 33511  
[swatts@selectphysiciansalliance.com](mailto:swatts@selectphysiciansalliance.com)

**ARTICLE III:**

The name and street address of the registered agent are:

Christopher Danner, M.D.  
1127 Nikki View Dr.  
Brandon, FL 33511

*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 as provided for in Chapter 605, Florida Statutes.*

\_\_\_\_\_  
Signature of Registered Agent

Date: \_\_\_\_\_

*3/16/2011*

**ARTICLE IV:**

The name and address of each person authorized to manage and control the Limited Liability Company:

Christopher Danner, M.D., Manager  
1127 Nikki View Dr.  
Brandon, FL 33511

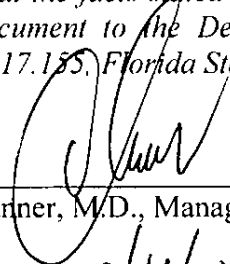
**ARTICLE V:**

The effective date is the date of filing.

**ARTICLE VI:**

Florida Fyz, LLC is a manager managed entity.

*In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in section 817.185, Florida Statutes.*



\_\_\_\_\_  
Christopher Danner, M.D., Manager

Date: \_\_\_\_\_ 3/16/2017 \_\_\_\_\_

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STATE OF FLORIDA  
DEPARTMENT OF STATE