

6/2/2017

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Division of Corporations

Florida Department of State
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**FLORIDA LIMITED LIABILITY CO.
MALE INFERTILITY CENTER OF SW FLORIDA, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
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17 JUN -2 AM 7:23
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ARTICLES OF ORGANIZATION

MALE INFERTILITY CENTER OF SW FLORIDA, LLC,
a Florida limited liability company

ARTICLE I NAME

The business and affairs of the Limited Liability Company shall be conducted under the name of:

MALE INFERTILITY CENTER OF SW FLORIDA, LLC

ARTICLE II PRINCIPAL OFFICE

The street address and the mailing address of the principal place of business of the Limited Liability Company within the State of Florida shall be:

7727 Donald Ross Road
Sarasota, Florida 34240

ARTICLE III INITIAL REGISTERED AGENT/OFFICE

The registered office of the Limited Liability Company and its initial registered agent shall be:

Joshua T. Green, M.D.
7727 Donald Ross Road
Sarasota, Florida 34240

ARTICLE IV MANAGEMENT AND POWERS

The business and affairs of the Limited Liability Company shall be managed by one or more Managers elected as provided in the Operating Agreement of the Limited Liability Company. The initial Manager shall be as follows:

Joshua T. Green, M.D.
7727 Donald Ross Road
Sarasota, Florida 34240

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These Articles of Organization have been executed as of the 26 day of May, 2017.



Joshua T. Green, M.D.

"MANAGER"

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 605.0203 of the Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the Limited Liability Company is:

MALE INFERTILITY CENTER OF SW FLORIDA, LLC

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

Joshua T. Green, M.D.
7727 Donald Ross Road
Sarasota, Florida 34240

Having been named 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date: _____

5/26/2017



Joshua T. Green, M.D.

"REGISTERED AGENT"