

**07000153338**

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.

((H17000183835 3)))



H17000183835ABC3

**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 : MORAITIS, COFAR, KARNEY & MORAITIS  
Account Number : I19990000033  
Phone : (954) 563-4163  
Fax Number : (954) 563-5913

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

Email Address: hperry@mcklaw.com

RECEIVED  
17 JUL 17 PM 3:08  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

**FLORIDA LIMITED LIABILITY CO.**  
**Kismet Clinic Delray Beach, LLC**

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

FILED  
17 JUL 17 AM 8:02

**ARTICLES OF ORGANIZATION**  
**OF**  
**KISMET CLINIC DELRAY BEACH, LLC**  
**A FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:** The name of the Limited Liability Company is:

KISMET CLINIC DELRAY BEACH, LLC, a Florida limited liability company.

**ARTICLE II - Street Address of Principal Office:** The street address of the principal office of the Limited Liability Company is:

402 SE 6th Avenue  
Delray Beach, FL 33483

**ARTICLE III - Mailing Address of Principal Office:** The mailing address of the principal office of the Limited Liability Company is:


402 SE 6th Avenue  
Delray Beach, FL 33483

**ARTICLE IV - Registered Agent, Registered Office & Registered Agent's Signature:**

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

Dr. Michael Ligotti  
402 SE 6th Avenue  
Delray Beach, FL 33483

*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.*

  
\_\_\_\_\_  
Dr. Michael Ligotti, Registered Agent

FILED  
TALLAHASSEE, FLORIDA

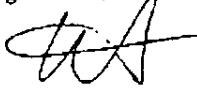
17 JUL 17 AM 8:02

**ARTICLE V - Management:**

The Limited Liability Company is to be managed by one or more managers and the names of the initial managers are Dr. Michael Ligotti and Michael Zapolin.

**ARTICLE VI - Effective Date:** The Effective Date of these Articles of Organization is July 13, 2017.

Signature of a member or an authorized representative of a member.



\_\_\_\_\_  
Dr. Michael Ligotti, Authorized Representative

(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 817.155, Florida Statutes.)

**Filing Fees:**

- \$ 100.00 - Filing Fee for Articles of Organization
- \$ 25.00 - Designation of Registered Agent
- \$ 30.00 - Certified Copy (optional)
- \$ 5.00 - Certificate of Status (optional)