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**FLORIDA LIMITED LIABILITY CO.**  
**James Ries, D.O., P.L.L.C.**

Certificate of Status	0
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**ARTICLES OF ORGANIZATION  
OF  
JAMES RIES, D.O., P.L.L.C.**

The undersigned organizer, who is the authorized representative of James Ries, D.O., P.L.L.C. (the "Company") under the Florida Professional Service Corporation and Limited Liability Company Act, hereby adopts the following Articles of Organization.

**ARTICLE I - NAME**

The name of the Company is James Ries, D.O., P.L.L.C.

**ARTICLE II - PRINCIPAL OFFICE**

The street and mailing address of the principal office of the Company is 146 Skywood Trail, Ponte Vedra, Florida 32081.

**ARTICLE III - NATURE OF BUSINESS**

The Company is organized for the purpose of the provision of legal services and transacting any and all lawful business not prohibited by Chapter 621, Florida Statutes, as amended, or any other statute that succeeds Chapter 621, Florida Statutes.

**ARTICLE IV - INITIAL REGISTERED AGENT AND ADDRESS**

The name and street address of the initial registered agent are James Ries, D.O. and 146 Skywood Trail, Ponte Vedra, Florida 32081.

**ARTICLE V - MANAGEMENT**

The Company shall be a manager-managed company.

IN WITNESS WHEREOF, the undersigned authorized representative has executed the foregoing Articles of Organization on the 7 day of August, 2017.

  
James Ries, D.O.

Authorized Representative

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**CERTIFICATE OF DESIGNATION  
OF REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES, JAMES RIES, D.O., P.L.L.C., A FLORIDA PROFESSIONAL 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 James Ries, D.O., P.L.L.C..
2. The name and street address of the registered agent are James Ries, D.O. and 146 Skywood Trail, Ponte Vedra, Florida 32081.

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, James Ries, D.O. hereby accepts the appointment as registered agent and agrees to act in this capacity. James Ries, D.O. further agrees to comply with the provisions of all statutes relating to the proper and complete performance of his duties, and is familiar with and accepts the obligations of his position as registered agent as provided for in Chapter 605, Florida Statutes.

Dated this 7 day of August, 2017.

By: \_\_\_\_\_

James Ries, D.O.

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