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FLORIDA DEPARTMENT OF
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FLORIDA LIMITED LIABILITY CO.
TAMPA BAY MAXILLOFACIAL SURGERY, PLLC

Certificate of Status	0
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SECRETARY OF STATE
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ARTICLES OF ORGANIZATION
FOR
TAMPA BAY MAXILLOFACIAL SURGERY, PLLC

ARTICLE I – Name:

The name of the Professional Limited Liability Company is **TAMPA BAY MAXILLOFACIAL SURGERY, PLLC**.

ARTICLE II – Purpose:

The purpose of the Professional Limited Liability Company (“Company”) is to engage in the practice of medicine.

ARTICLE III – Address:

The physical street and mailing address of the principal office of the Company is:

2140 16th Street North
St. Petersburg, FL 33704

ARTICLE IV – Manager(s):

The Company will be member-managed. The name, title and address of the member authorized to manage and control the Company are:

Title	Name and Address
MGR:	Robert J. Yu, D.M.D. 2140 16th Street North St. Petersburg, FL 33704

ARTICLE V – Indemnification:

The Company shall, to the full extent permitted by Chapter 621 and by Section 605.0408, of the Florida Statutes, as amended from time to time, indemnify all persons whom it may indemnify pursuant thereto. The indemnification provided by this Article V shall not limit or exclude any rights, indemnities or limitations of liabilities to which any person may be entitled, whether as a matter of law, under the regulations of the professional limited liability company, by agreement or otherwise.

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ARTICLE V – ADMISSION OF MEMBERS

No person may be admitted as a Member, whether as a substituted Member or an additional Member, except as provided in Sections 621.09(2) and 605.0701(3) and in the manner set forth in the Operating Agreement of the Company, as it may be amended from time to time, or as otherwise agreed by all of the Members.

ARTICLE VI – TRANSFER OF INTEREST IN COMPANY

No transfer of an Interest in the Company is permitted or valid except in accordance with the restrictions on transfer contained in the Operating Agreement of the Company, as amended at the effective time of the transfer.

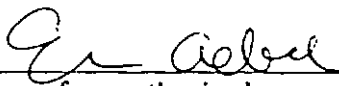
ARTICLE VIII - Registered Agent and Registered Address

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

Erin Smith Aebel, Esq.
101 East Kennedy Boulevard
Suite 2800
Tampa, Florida 33602

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IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 26 day of September 2017.



Signature of an authorized representative of a member.

(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 in section §17.155, Florida Statutes.)

Erin Smith Aebel, Esq.
Typed or printed name of signee

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

PURSUANT TO THE PROVISIONS OF CHAPTER 605, FLORIDA STATUTES, THE 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 professional limited liability company is **TAMPA BAY MAXILLOFACIAL SURGERY, PLLC**

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

Erin Smith Acbel, Esq.
101 East Kennedy Boulevard
Suite 2800
Tampa, Florida 33602

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Having been named as registered agent and to accept service of process for the above stated professional 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.



Erin Smith Acbel, Esq.
Registered Agent