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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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FLORIDA LIMITED LIABILITY CO.  
Cleveland Clinic Florida Concierge Medicine, LLC

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N. SAMS

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Corporate Filing Menu

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## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Cleveland Clinic Florida Concierge Medicine, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Maisha Gibson

Name of Person

The Cleveland Clinic Foundation

Firm/Company

3050 Science Park Drive, AC-321

Address

Beachwood, OH 44122

City/State and Zip Code

gibsonm3@ccf.org

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maisha Gibson

216

448-1062

at ( )

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:



\$125.00 Filing Fee



\$130.00 Filing Fee &  
Certificate of Status



\$155.00 Filing Fee &  
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(additional copy is enclosed)



\$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Cleveland Clinic Florida Concierge Medicine, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

## ARTICLE II - Address:

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

Principal Office Address:2950 Cleveland Clinic Boulevard  
Weston, FL 33331Mailing Address:Barbara del Castillo, General Counsel  
2950 Cleveland Clinic Boulevard  
Weston, FL 33331

## ARTICLE III - Registered Agent, Registered Office, &amp; Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

C T Corporation System

Name

1200 South Pine Island RoadFlorida street address (P.O. Box **NOT** acceptable)Plantation,Florida33324

City

State

Zip

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, F.S.

By: James M. Halpin

C T Corporation System

James M. Halpin

Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Cleveland Clinic Florida Health System Nonprofit  
2950 Cleveland Clinic Boulevard  
Weston, FL 33331

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

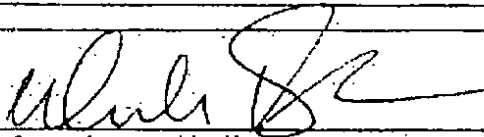
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**



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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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 s.817.155, F.S.

Wael Barsaam, M.D.

Typed or printed name of signer

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

17 OCT 18 PM 3:33  
FILED