

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

# L18000041354

**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.**

((H180000551163)))



H180000551163ABC.

**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 : SHUFFIELD LOWMAN  
Account Number : I20030000118  
Phone : (407) 581-9800  
Fax Number : (407) 581-9801

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

**REGISTEREDAGENT-GWM@SHUFFIELDLOWMAN.COM**

Email Address: \_\_\_\_\_

RECEIVED

2018 FEB 16 PM 1:57

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.  
SMHD MEDICAL, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

2018 FEB 16 AM 9:18

FILED

(((H18000055116 3)))

**ARTICLES OF ORGANIZATION  
OF  
SMHD MEDICAL, LLC  
A Florida Limited Liability Company**

**ARTICLE I  
NAME**

The name of this limited liability company is SMHD MEDICAL, LLC, referred to in these Articles of Organization as the "Company."

**ARTICLE II  
MAILING AND STREET ADDRESS**

The street address of the principal office of the Company is as follows:

1305 City View Center  
Oviedo, FL 32765

The mailing address of the principal office of the Company is as follows:

1305 City View Center  
Oviedo, FL 32765

**FILED**  
2018 FEB 16 AM 9:18  
CLERK OF COURT  
PALM BEACH COUNTY, FLORIDA

**ARTICLE III  
COMMENCEMENT OF COMPANY'S EXISTENCE**

In accordance with Section 605.0207, Florida Statutes, the Company's existence shall be deemed to have commenced on the date and at the time the record is filed as evidenced by the Florida Department of State's endorsement of the date and time on the record.

**ARTICLE IV  
REGISTERED AGENT**

The name and Florida street address of the initial Registered Agent are as follows:

Gregory W. Meier, Esq.  
Shuffled, Lowman & Wilson, P.A.  
1000 Legion Place, Suite 1700  
Orlando, FL 32801

(((H18000055116 3)))

**ARTICLE V  
MANAGEMENT**

The name and address of each person initially authorized to manage and control the Company, until their successors are appointed, are as follows:

Title	Name and Address
Manager	Marty Krytus 1305 City View Center Oviedo, FL 32765

**ARTICLE VI  
APPLICABLE LAW**

The Company is created pursuant to Chapter 605, Florida Statutes, and shall be governed by the laws of the State of Florida.

  
\_\_\_\_\_  
Gregory W. Meier, Esq., as  
Authorized Representative

**ACCEPTANCE OF DESIGNATION  
OF  
REGISTERED AGENT**

Pursuant to the provisions of Section 605.0113, Florida Statutes, the undersigned submits the following statement of acceptance of his designation as Registered Agent for the Company:

*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 of the Florida Statutes.*

  
\_\_\_\_\_  
Gregory W. Meier, Esq.