

# L18000043685

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**FLORIDA LIMITED LIABILITY CO.**  
**Allivie, LLC PLLC**

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**ARTICLES OF ORGANIZATION**  
*of*  
**ALLIVIE, PLLC**

The undersigned, a medical physician duly licensed to render professional services as such in the State of Florida, hereby makes, subscribes, acknowledges and files these Articles of Organization to form a professional limited liability company in accordance with the Professional Service Corporation and Revised Limited Liability Company Act and other laws of the State of Florida.

**ARTICLE I**  
**NAME**

The name of the professional limited liability company shall be Allivie, PLLC (the "*Company*").

**ARTICLE II**  
**PRINCIPAL OFFICE AND MAILING ADDRESS**

The principal office of the Company is located at, and its mailing address is, 830-13 A1A North #232, Ponte Vedra Beach, Florida 32082.

**ARTICLE III**  
**DURATION**

This Company shall exist perpetually. Existence shall commence on the date these Articles are executed and acknowledged, except that if they are not filed by the Department of State of the State of Florida within five (5) business days thereafter, existence shall commence upon filing by the Department of State.

**ARTICLE IV**  
**BUSINESS, OBJECTS OR PURPOSES**

The general nature of the business to be transacted by this Company, or the objects or purposes of the Company, shall be as follows:

- (a) to engage in every aspect in the practice of medicine and all its fields of specializations as are usually engaged in by medical doctors;
- (b) to engage and render the professional services involved only through its officers, agents and employees who shall be medical physicians in good standing and duly licensed or otherwise legally authorized within the State of Florida to render the same professional service as this Company;

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(c) to invest its funds in real estate, mortgages, stocks, bonds or any other type of investments and to own real and personal property necessary for the rendering of the above-described professional services; and

(d) to do all and everything necessary and proper for the accomplishment of any of the purposes or the attaining of any of the objects or the furtherance of any of the purposes enumerated in these Articles of Organization or any amendments thereof, and either alone or in association with other corporations, firms or individuals, to carry on any lawful pursuit necessary or incidental to the accomplishment of the purposes and objects of this Company.

The foregoing enumeration of objects and purposes shall not be held to limit or restrict in any manner the purposes of this Company otherwise permitted by law.

**ARTICLE V**  
**REGISTERED OFFICE AND AGENT**

The name and street address of the registered agent in the State of Florida are: Moira Petirs, 830-13 A1A North, #232, Ponte Vedra Beach, Florida 32082.

**ARTICLE VI**  
**ADDITIONAL CAPITAL CONTRIBUTIONS**

Each member shall make additional capital contributions to the Company only upon the unanimous consent of all the members.

**ARTICLE VII**  
**ADMISSION OF MEMBERS**

No additional members shall be admitted to the Company except with the unanimous written consent of the members of the Company. Each member must be duly licensed or otherwise legally authorized to practice medicine in the State of Florida. Pursuant to Section 608.4235, Florida Statutes, no member of the Company shall be an agent of the Company solely by virtue of being a member, and no member shall have the authority to incur debt or contractual liability on behalf of the Company solely by virtue of being a member.

**ARTICLE VIII**  
**TERMINATION OF EXISTENCE**

The Company shall not be dissolved upon the occurrence of any event that terminates the continued membership of a member in the Company, provided there is at least one remaining member. The Company shall be terminated and dissolved upon the consent of all of the members.


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**IN WITNESS WHEREOF**, the undersigned authorized representative of a member has made and subscribed these Articles of Organization for the foregoing uses and purposes this 15 day of February, 2018.

  
\_\_\_\_\_  
Moira Peters

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**REGISTERED AGENT/REGISTERED OFFICE**


Pursuant to the provisions of Florida Statutes, Allivie, PLLC, a Florida professional limited liability company (the "*Company*"), submits the following statement in designating the registered office/registered agent, in the State of Florida:

1. The name of the Company is: Allivie, PLLC.
2. The name and address of the registered agent and office are: Moira Petirs, 830-13 A1A North, #232, Ponte Vedra Beach, Florida 32082.

**ACKNOWLEDGMENT:**

Having been named as registered agent and to accept service of process for the 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 the Professional Service Corporation and Revised Limited Liability Company Act of the Florida Statutes.

DATED: This 15<sup>th</sup> day of February, 2018.

  
\_\_\_\_\_  
Moira Petirs, Registered Agent

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