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2018 MAY -9 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: SILVERMED ENTERPRISES LLC
Name of Limited Liability Company

The enclosed Articles of Organization and Certificate are submitted for filing.

Please informally certify the filing of the enclosed documents.

DAVID LOUIS SILVERMAN, MD
Name of Person

[SILVERMED ENTERPRISES, LLC]
Firm Company

1301 AVENTURA WAY
Address

VIERA, FLORIDA 32940-1942
City, State, and Zip Code

DSILVERMANMD@GMAIL.COM
E-mail address (to be used for out-of-office and report notifications)

For further information concerning this matter, please call:

DAVID L. SILVERMAN, MD	540	420-4680
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee	☐ \$150.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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Mailing Address

New Filing Section
Division of Corporations
P.O. Box 652
Tallahassee, FL 32311

Street Address

New Filing Section
Division of Corporations
Cotton Building
2601 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:

SILVERMED ENTERPRISES LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1301 AVENTURA WAY
VIERA, FL 32940-1942

1301 AVENTURA WAY
VIERA, FL 32940-1942

ARTICLE III - Registered Agent, Registered Office, & 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:

DAVID LOUIS SILVERMAN, MD

Name

1301 AVENTURA WAY

Florida street address (P.O. Box NOT acceptable)

VIERA

City

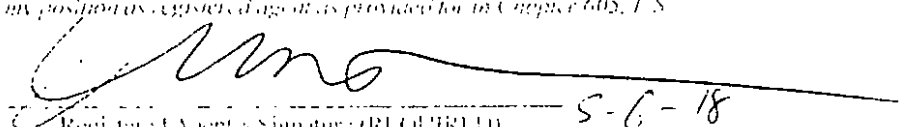
FLORIDA

State

32940-1942

Zip

I having been named as registered agent and to accept service of process for the above named 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.


Registered Agent's Signature (REQUIRED)

5-6-18

(CONTINUED)

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ARTICLE IV:

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

Title:

"AMBR" Authorized Member

"MGR" Manager

MGR

Name and Address:

DAVID LOUIS SILVERMAN, MD

1301 AVENTURA WAY

MIAMI, FL 33140-1942

AMBR

ROBIN LYNN SILVERMAN

1301 AVENTURA WAY

MIAMI, FL 33140-1942

(Use attachment if necessary.)

ARTICLE V: Effective date, if other than the date of filing: 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

NONE

REQUIRED SIGNATURE:

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

This document is executed in accordance with Section 605.0205(1)(b), Florida Statutes. I am aware that any false information submitted on this document to the Department of State constitutes a third degree felony as provided for in § 817.135, F.S.

DAVID LOUIS SILVERMAN, MD

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)