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

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: SILVERMED ENTERPRISES LLC
Name of Limited Liability Company

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

Please [illegible]

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
Email address: [illegible]

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 ☐ $[illegible] Filing Fee & Certificate of Status ☐ $[illegible] Filing Fee & Certified Copy (additional copy is enclosed) ☑ $[illegible] Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box [illegible]
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:

SILVERMED ENTERPRISES 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:	**Mailing Address:**
1301 AVENTURA WAY	1301 AVENTURA WAY
VIERA, FL 32940-1942	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	FLORIDA	32940-1942
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.

5-6-18
Registered Agent's Signature (REQUIRED) Date

(CONTINUED)

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TALLAHASSEE, FLORIDA

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

Title:	Name and Address:
"AMBR" Authorized Member "MGR" Manager	
MGR	DAVID LOUIS SILVERMAN, MD 1301 AVENTURA WAY VIERA, FL 32940-1942
AMBR	ROBIN LYNN SILVERMAN 1301 AVENTURA WAY VIERA, FL 32940-1942

(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 was executed in accordance with sec. on 605.0203 (1) the 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.

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)