# Electronic Articles of Organization For Florida Limited Liability Company

L18000196476 FILED 8:00 AM August 16, 2018 Sec. Of State dlokeefe

### **Article I**

The name of the Limited Liability Company is: MEDICAL PHYSICIANS GROUP PLLC

#### **Article II**

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

290 NW PEACOCK ST 880891 PORT ST LUCIE, FL. 34986

The mailing address of the Limited Liability Company is:

PO BOX 880891 PORT ST LUCIE, FL. 34988

## **Article III**

Other provisions, if any:

PHYSICIAN SERVICES

#### **Article IV**

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

PAT LEUNG DR 290 NW PEACOCK ST 880891 PORT ST LUCIE, FL. 34986

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.

Registered Agent Signature: PAT LEUNG

## **Article V**

The name and address of person(s) authorized to manage LLC:

Title: AP PAT LEUNG MD PO BOX 880891 PORT ST LUCIE, FL. 34988 L18000196476 FILED 8:00 AM August 16, 2018 Sec. Of State dlokeefe

Signature of member or an authorized representative

Electronic Signature: PAT LEUNG

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.