

L18000209356

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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.

((H18000245686 3)))



H180002456863ABC7

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 : REZLEGAL, LLC
Account Number : I20140000033
Phone : (904) 567-1177
Fax Number : (904) 567-1066

C RICO
SEP 04 2018

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

Email Address: rezlegal@rezlegal.com

FLORIDA LIMITED LIABILITY CO.
North Florida Surgeons Emerald Bay, LLC

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$125.00

2018 SEP -4 PM 3:12
DIVISION OF CORPORATIONS
ELECTRONIC FILING SERVICES

18 SEP -4 PM 3:21
DIVISION OF CORPORATIONS
ELECTRONIC FILING SERVICES

H18000245686 3

ARTICLES OF ORGANIZATION
OF
NORTH FLORIDA SURGEONS EMERALD BAY, LLC

Pursuant to Section 605.0201 of the Florida Revised Limited Liability Company Act, Florida Statutes, as amended from time to time (the "Act"), the following are adopted as the Articles of Organization of the limited liability company organized hereby:

ARTICLE I
NAME

The name of the limited liability company is North Florida Surgeons Emerald Bay, LLC (the "Company").

ARTICLE II
EFFECTIVE DATE AND DURATION

The effective date upon which this Company shall come into existence shall be the date these Articles of Organization are filed. Unless earlier terminated pursuant to the Act or the Operating Agreement (as defined in § 605.0105 of the Act) of the Company, the period of its duration shall be perpetual.

ARTICLE III
ADDRESS

The mailing address of the Company shall be 11945 San Jose Boulevard, Building 300, Jacksonville, Florida 32223 and the physical address of the principal office of the Company shall be 2407 Ruth Hentz Avenue, Panama City, Florida 32405.

ARTICLE IV
REGISTERED AGENT AND OFFICE

The initial registered office of the Company shall be 11945 San Jose Boulevard, Building 300, Jacksonville, Florida 32223, and its initial registered agent at such office shall be John Berlin.

ARTICLE V
MANAGEMENT OF THE COMPANY

The Company will be managed by one or more managers in accordance with and subject to the requirements of the Act and Operating Agreement of the Company. The name and street address of the sole manager of this Company is:

FILED
SECTION 605.0201
DIVISION OF CORPORATIONS
18 SEP -6 PM 3 21

09/4/2018: 08:57 AM PDT

TO: 18506176381 FROM: 9045126629

Page: 5

H18000245686 3

Name

Address

North Florida Surgeons, P.A.

11945 San Jose Boulevard, Building 300
Jacksonville, Florida 32223

IN WITNESS WHEREOF, the undersigned Manager of the Company has executed these Articles of Organization on behalf of the Company in accordance with § 605.0201 of the Act.

Dated this 21st day of August, 2018.

North Florida Surgeons, P.A.

Its: Sole Manager

By: _____

Paul Chappano, M.D., President

H18000245686 3

H18000245686 3

**CERTIFICATE DESIGNATING REGISTERED OFFICE
AND
REGISTERED AGENT FOR THE SERVICE OF PROCESS
WITHIN FLORIDA**

In compliance with Chapter 605, Florida Statutes, as amended from time to time (the "Act"), the following is submitted:

North Florida Surgeons Emerald Bay, LLC, desiring to organize or qualify under the laws of the State of Florida as a limited liability company pursuant to the Act, hereby designates John Berlin as its registered agent to accept service of process within the State of Florida and the address of its registered office shall be 11945 San Jose Boulevard, Building 300, Jacksonville, Florida 32223.

Dated this 21st day of August 2018.

North Florida Surgeons, P.A.
Its: Sole Manager

By: 
Paul Chapparo, M.D., President

Having been named as registered agent to accept service of process for the above stated limited liability company, at the place designated in this certificate, I hereby agree to 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.

Dated this 21st day of August 2018.


John Berlin, Registered Agent