

L19000008299

**Florida Department of State
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**FLORIDA LIMITED LIABILITY CO.
RONALD STRICOFF, M.D., PLLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
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1/8/2019
JAN 11 2019



January 9, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

COMITER & SINGER, LLP

SUBJECT: RONALD STRICOFF, M.D., PLLC
REF: W19000002266

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A business entity may not serve as its own manager or managing member. Please designate an individual or another business entity as your manager(s) or managing member(s). We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

If you have any further questions concerning your document, please call (850) 245-6052.

Catherine M Wood
Regulatory Specialist II
New Filing Section

FAX Aud. #: H19000008752
Letter Number: 319A00000597

P.O BOX 6327 - Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RONALD STRICOFF, M.D., P.L.L.C.

(Must contain the words "Limited Liability Company, "L.L.C.," or "I.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:

7806 N.W. 128th Avenue

same

Parkland, FL 33076

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:

Michael S. Singer, Esq.

Name

3801 PGA Boulevard, Suite 604

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

Palm Beach Gardens

FL

33418

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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

RONALD STRICOFF

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: JANUARY 2, 2019. (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.

PURPOSE: TO PRACTICE MEDICINE

REQUIRED SIGNATURE:


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

This document is executed in accordance with section 605.0203 (1) (b), 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.

MICHAEL S. SINGER, AUTHORIZED REPRESENTATIVE

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)

19 JAN 11 3:18


AFFIDAVIT

STATE OF FLORIDA
COUNTY OF BROWARD

BEFORE ME, the undersigned authority, personally appeared RONALD STRICOFF (the "Affiant"), who, being duly sworn, deposes and says:

1. Affiant has personal knowledge of all matters set forth in this Affidavit.
2. Affiant is the President of RONALD STRICOFF, M.D., P.A., a Florida corporation ("STRICOFF P.A.").
3. Articles of Incorporation for STRICOFF P.A. were filed on January 2, 2002, and assigned document number P02000000416.
4. A proposed Florida limited liability company intends to file Articles of Organization reflecting the name "RONALD STRICOFF, M.D., PLLC" ("STRICOFF LLC").
5. STRICOFF P.A. consents as provided in Florida Statutes Section 605.0112 to STRICOFF LLC using the name "RONALD STRICOFF, M.D., PLLC".

FURTHER AFFIANT SAYETH NAUGHT.

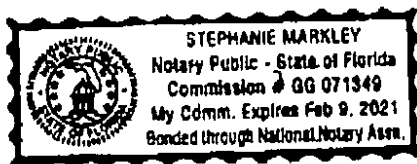

RONALD STRICOFF
President of RONALD STRICOFF, M.D.,
P.A., a Florida corporation


Date: As of January 8, 2019

STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing instrument was sworn to before me this 8th day of January, 2019, by RONALD STRICOFF who X is personally known to me or who has produced a driver's license as identification.

(NOTARY SEAL)




Notary Public
Print Name: Stephanie Markley
My commission expires: Feb. 9, 2021