

L190000081096

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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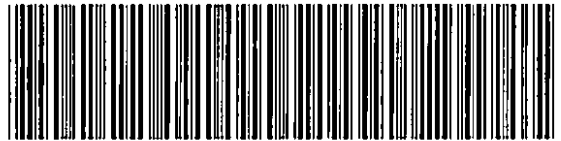
(Business Entity Name)

(Document Number)

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19 MAR 27 AM 11:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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T SCHROEDER

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 699677 4369500

AUTHORIZATION :



COST LIMIT : \$ 125.00

ORDER DATE : March 26, 2019

ORDER TIME : 9:39 AM

ORDER NO. : 699677-015

CUSTOMER NO: 4369500

DOMESTIC FILING

NAME: CFS MANAGEMENT, LLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XXX ____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Emily Croft - EXT. 62925

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION
OF
CFS MANAGEMENT, LLC**

The undersigned, being authorized to execute and file these Articles of Organization of CFS MANAGEMENT, LLC (the "Company"), hereby certifies that:

**ARTICLE I
NAME**

The name of the Company is CFS Management, LLC.

**ARTICLE II
PLACE OF BUSINESS**

The mailing address and the street address of the principal office of the Company is 2601 S. Tamiami Trail, Sarasota, Florida 34239.

**ARTICLE III
DURATION**

The period of duration for the Company shall be perpetual.

**ARTICLE IV
STATUTORY AGENT**

The name of the initial registered agent of the Company is Sirena Management, LLC and the mailing address and street address of the initial registered office of the Company shall be 2601 S. Tamiami Trail, Sarasota, Florida 34239.

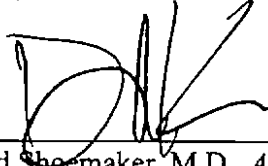
**ARTICLE V
EFFECTIVE DATE**

The effective date is upon filing.

[Signature Appears on Following Page]

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TALLAHASSEE, FLORIDA

In accordance with Section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 § 817.155, F.S.



David Shoemaker, M.D., *Authorized Signatory*

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TALLAHASSEE, FLORIDA

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STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

CFS MANAGEMENT, LLC

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent as provided for in Chapter 605, F.S.

SIRENA MANAGEMENT, LLC

By: 

Name: David Shoemaker, M.D.

Title: Authorized Signatory

Dated: March 25, 2019

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