

4/11/2019

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L19000095644

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.

((H19000120142 3)))



H190001201423ABCU

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 : LEGALINC CORPORATE SERVICES INC.
Account Number : I20180000011
Phone : (844)386-0178
Fax Number : (214)317-4754

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

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
PALM WEST INTERNISTS, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

2019 APR -11 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

((H19000120142 3))) *

ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY

PALM WEST INTERNISTS, LLC

The undersigned organizer hereby forms this limited liability company pursuant to Chapter 605, Florida Statutes.

ARTICLE I - NAME:

The name of this Limited Liability Company is:

PALM WEST INTERNISTS, LLC

ARTICLE II - BUSINESS:

The business of this limited liability company is all business allowed under applicable laws of the State of Florida and the United States of America.

ARTICLE III - ADDRESS:

The initial mailing address and street address of the principal office of this Limited Liability Company is:

13005 Southern Boulevard, Suite 242
Loxahatchee, Florida 33470

ARTICLE IV - MANAGEMENT:

The company shall be managed by its members: the initial members and addresses are:

Jose F. Allongo, Jr., 19987 Black Falcon Drive, Loxahatchee, Florida 33470
Susana E. Allongo, 19987 Black Falcon Drive, Loxahatchee, Florida 33470
Emily Allongo, 7253 SW 54th Court, Miami, Florida 33143
Stefany Allongo, 157 North 123 Road S., Wauwatosa, Wisconsin 53226

ARTICLE V - RESTRICTION ON TRANSFER OF MEMBER INTEREST

The transfer of a member's interest is restricted by the company operating agreement.

((H19000120142 3)))

FILED
2019 APR -11 AM 8:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

((H19000120142 3))

ARTICLE VI - REGISTERED AGENT

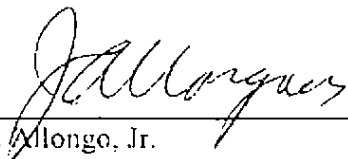
The registered agent to receive service of process for the company and location is:

Jose F. Allongo, Jr.
13005 Southern Boulevard, Suite 241
Loxahatchee, Florida 33470

ARTICLE VII - PREEMPTIVE RIGHTS

Any owner, upon the sale of any new issued ownership interest of this company, shall have the right to purchase his pro-rata interest at the price and terms at which it is being offered to others.

IN WITNESS WHEREOF, the undersigned member has executed these articles of organization on April 3, 2019 and in accordance with section 605.0201, Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.



Jose F. Allongo, Jr.

((H19000120142 3))

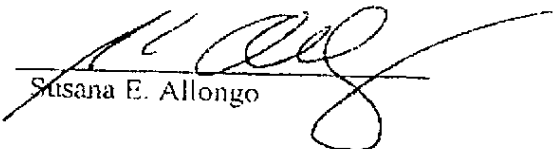
(((H19000120142 3)))

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.011, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN
THE STATE OF FLORIDA.

1. The name of the limited liability company is: Palm West Internists, LLC
2. The name and the Florida address of the registered agent is: Susana E. Allongo, 13005
Southern Boulevard, Suite 241, Loxahatchee, Florida 33470

*Having been named as registered agent and to accept service of process for the above
stated professional 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.*


Susana E. Allongo

Dated: April 10, 2019

(((H19000120142 3)))

(((H19000120142 3)))

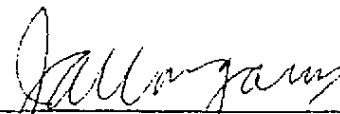
CONSENT TO USE SIMILAR ENTITY NAME

TO: Palm West Internists, LLC.

The undersigned, as president and sole owner, does consent to the use of the above similar name, pursuant to Florida Statute 605.0112(1)(b).

Palm West Internists, P.A.

By: _____



Joseph F. Allongo, Jr. President
and Sole Owner

(((H19000120142 3)))