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.

(((H19000230024 3)))



H190002300243ABCV

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)

: (850)617-6381

From:

Account Name : HENDERSON, FRANKLIN, STARNES & HOLD

Account Number : 075410002172 Phone : (239)344-1100 Fax Number : (239)344-1529

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

Email Address: hfra@henlaw.com

FLORIDA LIMITED LIABILITY CO. TERESA LICCARDI, M.D., PLLC

Certificate of Status	0
Certified Copy	
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

N CULLIGAN

SECRETARY OF STATE

172 1100 1529 ntity to be used for future 7

FAX AUDIT NO.: H19000230024 3

ARTICLES OF ORGANIZATION OF TERESA LICCARDI, M.D., PLLC

These Articles of Organization are executed by the undersigned for the purpose of forming a professional limited liability company pursuant to the Florida Professional Service Corporation and Limited Liability Company Act, as particularly set forth in Chapter 621 of the Florida Statutes

ARTICLE I-NAME

The name of the professional limited liability company shall be Teresa Liccardi, M.D., PLLC (the "Company").

ARTICLE II-MAILING AND STREET ADDRESS

The physical address of the principal office of the Company is:

780 5th Avenue Apt. 203 Naples, FL 34102

The physical address of the principal office of the Company is:

P.O. Box 1168 Naples, FL 34106

ARTICLE III-EFFECTIVE DATE

This professional limited liability company's existence shall commence as of the date these articles of Organization are filed with the Secretary of State of the State of Florida and shall terminate as provided for in the Operating Agreement.

ARTICLE IV-INITIAL REGISTERED AGENT AND OFFICE

The name and street address of the initial registered agent of the Company are:

Name <u>Address</u>

HF Registered Agents, LLC 1715 Monroe Street Fort Myers, Florida 33901

ARTICLE V-PURPOSE

The Company may engage in each and every aspect of the general practice of medicine but only through its officers who are duly licensed or otherwise legally

2019 AUG - 1 AK 11: 21 SECRETARY OF STATE

FAX AUDIT NO.: H19000230024 3

No. 3168 P. 3

7

FAX AUDIT NO.: H19000230024 3

authorized to render such professional services; and engage in any and every other activity permitted from time to time for a corporation so formed to engage.

ARTICLE VI-MANAGEMENT OF THE COMPANY

The Company shall be managed by not less than one (1) manager (the "Manager") and is, therefore, a manager-managed company. The following are the name and address of the initial Manager who shall serve as the Manager of the Company until his successor is elected and qualified:

Name Address

Teresa M. Liccardi, M.D.

780 5th Avenue
Apt. 203
Naples, FL 34102

ARTICLE VII-OPERATING AGREEMENT

The Members shall have the power to adopt, alter, amend, or repeal the Operating Agreement of the Company containing provisions for the regulation and management of the affairs of the Company.

The undersigned, being an authorized representative of the Company, has executed these Articles of Organization this 1st day of August 2019.

Frin E. Houck-Toll,

Authorized Representative

,

FAX AUDIT NO.: H19000230024 3

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES, THE UNDERSIGNED PROFESSIONAL LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- The name of the professional limited liability company is: Teresa Liccardi, M.D., PLLC.
- The name and address of the registered agent and office are:

HF Registered Agents, LLC 1715 Monroe Street Fort Myers, Florida 33901

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, as provided for in Chapter 605, Florida Statutes.

HF Registered Agents, LLC, Registered Agent

Erin E. Houck-Toll, Vice-President

FAX AUDIT NO.: H19000230024 3