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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : REZLEGAL, LLC
Account Number : I20140000033
Phone : (904)406-8086
Fax Number : (904)567-1066

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

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## FLORIDA LIMITED LIABILITY CO.

North Florida Surgeons Panama City ENT, LLC

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

2019 SEP 17 AM 9: 57 SECRETARY DE STATE

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#### ARTICLES OF ORGANIZATION

OF

#### NORTH FLORIDA SURGEONS PANAMA CITY ENT, 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 Panama City ENT, 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 3 Jacksonville, Florida 32223, and the physical address of the principal office of the Company shall be 724 West 19th Street, Panama City, Florida 32405.

## ARTICLE IV REGISTERED AGENT AND OFFICE

The initial registered office of the Company shall be 11945 San Jose Boulevard, Exilding 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:

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TO:18506176381 FROM:9045126629

av. Zive Page;

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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 17th day of September, 2019.

North Florida Surgeons, P.A.

Sole Member

Paul J. Chappano, M.D., President

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# 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 Panama City ENT, 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 17th day of September 2019.

#### North Florida Surgeons Panama City ENT, LLC

By: North Florida Surgeons, P.A.

Its: Solc Member

By: Paul J. Chappano, 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 17th day of September 2019.

John Berlin, Registered Agent