

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : NELSON MULLINS RILEY & SCARBOROUGH LLP
Account Number : I20100000075
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Fax Number : (305) 373-9443

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

Email Address: cheryl.anders@thinkbighcs.com

**FLORIDA LIMITED LIABILITY CO.
T.J. Giuffrida, M.D., LLC**

Certificate of Status	0
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Fax Audit No. H19000289833 3

**ARTICLES OF ORGANIZATION
OF
T.J. GIUFFRIDA, M.D., LLC**

The undersigned does hereby subscribe to, acknowledge and file the following Articles of Organization for the purpose of creating a limited liability company under the laws of the State of Florida.

**ARTICLE I
NAME**

The name of this limited liability company shall be T.J. GIUFFRIDA, M.D., LLC (the "Company").

**ARTICLE II
ADDRESS**

The mailing address and street address of the principal office of the Company shall be 3275 Ponce De Leon Blvd., Coral Gables, Florida 33134, with the privilege of having its offices and branch offices at other places within or without the State of Florida.

**ARTICLE III
REGISTERED AGENT**

The initial registered office of the Company is Theodore J. Giuffrida, M.D. The initial registered agent at that address is 3275 Ponce De Leon Blvd., Coral Gables, Florida 33134.

**ARTICLE IV
MANAGEMENT**

The Company shall be member-managed. The name and address of the initial member is:

The Derm Group, LLP
3275 Ponce de Leon Boulevard
Coral Gables, FL 33134

**ARTICLE V
DURATION**


The Company shall commence its existence as of the filing hereof and shall exist perpetually thereafter unless sooner dissolved.

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IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization of T.J. GIUFFRIDA, M.D., LLC on this 26 day of September, 2019.



Theodore J. Giuffrida, M.D.
Authorized Representative

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

Pursuant to the provisions of Section 605.0113, Florida Statutes, the limited liability company referenced below submits the following statement in designating the registered office/registered agent, in the State of Florida.

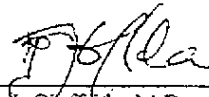
FIRST -- The name of the limited liability company is T.J. GIUFFRIDA, M.D., LLC

SECOND -- The name and address of the registered agent and office is:

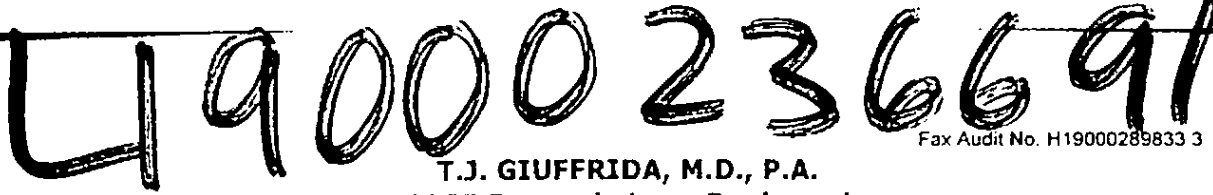
Theodore J. Giuffrida, M.D.
3275 Ponce De Leon Blvd.
Coral Gables, Florida 33134

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.

Dated as of the 26 day of September, 2019.



Theodore J. Giuffrida, M.D.



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T.J. GIUFFRIDA, M.D., P.A.
3275 Ponce de Leon Boulevard
Coral Gables, Florida 33134

Florida Department of State
Division of Corporations
Corporate Filings
P.O. Box 6327
Tallahassee, FL 32314

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Re: T.J. GIUFFRIDA, M.D. LLC

Dear Sir or Madam:

Please allow this letter to serve as consent for "T.J. GIUFFRIDA, M.D. LLC", a Florida limited liability company to be formed, to use the name "T.J. GIUFFRIDA, M.D. LLC" in connection with its formation as a Florida limited liability company. Any potential name conflicts are hereby waived.

Thank you for your assistance.

Sincerely,

T.J. GIUFFRIDA, M.D., P.A.,
a Florida professional corporation
Document Number P06000000965

By: 

Name: Theodore J. Giuffrida, M.D.
Title: Director