

10/8/2019
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Division of Corporations
Florida Department of State
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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.
PERIPHERAL NEUROPATHY PRIVATE PRACTICE SYSTEM, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
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**ARTICLES OF ORGANIZATION OF
PERIPHERAL NEUROPATHY PRIVATE PRACTICE SYSTEM, LLC.**

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

ARTICLE I — Name:

The name of the limited liability company (hereinafter referred to as the "Company") is "PERIPHERAL NEUROPATHY PRIVATE PRACTICE SYSTEM, LLC."

ARTICLE II — Address:

The mailing address of the Company is 12705 Race Track Road, Tampa, FL 33626, and the street address of the principal office is 12705 Race Track Road, Tampa, FL 33626.

ARTICLE III — Registered Agent:

The name and the Florida street address of the initial registered agent are JOHN P. MAGEE, 12705 Race Track Road, Tampa, FL 33626.

ARTICLE IV — Management:

The Company is to be managed by the Company's members and pursuant to its Operating Agreement. The name and address of the initial managing member is:

JOHN P. MAGEE, 12705 Race Track Road, Tampa, FL 33626 (AMBR)

ARTICLE V — Limitation on Agency Authority of Members:

Pursuant to section 605.04074 of the Florida Limited Company Act, no member of the Company shall be an agent of the Company solely by virtue of being a member.

ARTICLE VI — Purpose:

The purpose for which this limited liability company is organized is to engage in any activity or business permitted under the laws of the United States and of this state.

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ARTICLE VII — Limitation on Liability of Members and Managers:

The members and managers shall not be liable for any debts, obligations or liabilities of the Company.

ARTICLE VIII — Restriction of Transfer of Certificates of Membership:

The membership certificates to be issued to the members as evidence of ownership may not be transferred by the members, their heirs, successors or assigns without first offering to sell the same to the other members. Terms and conditions shall be set forth within the Operating Agreement to be executed by the members of the Company.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this day, October 7th, 2019.

(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 s.317.155, F.S.)


JOHN P. MAGEE

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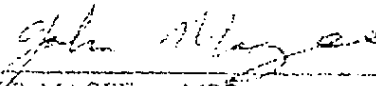
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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

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

1. The name of the limited liability company is **PERIPHERAL NEUROPATHY PRIVATE PRACTICE SYSTEM, LLC.**

2. The name and address of the registered agent and office is **JOHN P. MAGEE, 12705 Race Track Road, Tampa, FL 33626.**



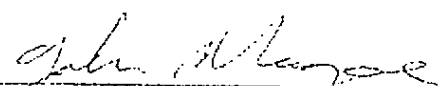
JOHN P. MAGEE, AMBR
Date: October 7th, 2019

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

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 designation 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 under Chapter 605, Florida Statutes.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this statement constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Dated: October 7th, 2019



JOHN P. MAGEE, Registered Agent