

L19000244856

(Requestor's Name)

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(City/State/Zip/Phone #)

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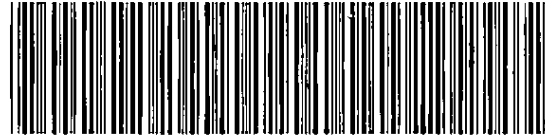
(Business Entity Name)

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CT CORP
3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 10/9/2019
Acc#I20160000072

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Name:	OPHTHALMIC BILLING AND PRACTICE MANAGEMENT CONSULTANTS, LLC
Document #:	
Order #:	12246847

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Amount: \$	125.00
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Thank you!

ARTICLES OF ORGANIZATION

OPHTHALMIC BILLING AND PRACTICE MANAGEMENT CONSULTANTS, LLC,
a Florida limited liability company

ARTICLE I NAME

The business and affairs of the Limited Liability Company shall be conducted under the name of:

OPHTHALMIC BILLING AND PRACTICE MANAGEMENT CONSULTANTS, LLC

ARTICLE II PRINCIPAL OFFICE AND MAILING ADDRESS

The street address and the mailing address of the principal place of business of the Limited Liability Company within the State of Florida shall be:

1961 Floyd Street
Suite B
Sarasota, Florida 34239

ARTICLE III INITIAL REGISTERED AGENT/OFFICE

The registered office of the Limited Liability Company and its initial registered agent shall be:

Oren Plous
1961 Floyd Street
Suite B
Sarasota, Florida 34239

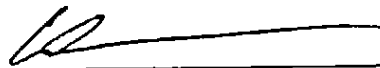
ARTICLE IV MANAGEMENT AND POWERS

The business and affairs of the Limited Liability Company shall be managed by one or more Managers elected as provided in the Operating Agreement of the Limited Liability Company. The initial Manager shall be as follows:

Oren Plous
1961 Floyd Street
Suite B
Sarasota, Florida 34239

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CLERK OF DISTRICT COURT
SARASOTA, FLORIDA

These Articles of Organization have been executed as of the 8th day of October, 2019.



Oren Plous

"MANAGER"

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 605.0203 of the 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:


OPHTHALMIC BILLING AND PRACTICE MANAGEMENT CONSULTANTS, LLC

2. The name and the Florida street address of the registered agent are:

Oren Plous
1961 Floyd Street
Suite B
Sarasota, Florida 34239

Having been named 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date: October 8th, 2019



Oren Plous

"REGISTERED AGENT"