

L19000258000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

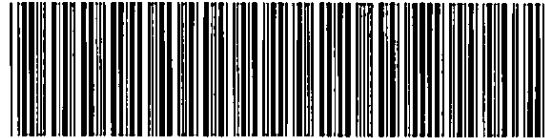
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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10/13/19--01041--017 **155.00

2019 OCT 15 AM 10:09
SECRETARY OF STATE
TALLAHASSEE, FL 32301

FILED

OCT 28 2019

T. SCOTT

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: The 436 Group, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Star M. Sansone

Name of Person

Dell Salter, PA

Firm/Company

3940 NW 16th Blvd., Bldg. B

Address

Gainesville, FL 32605

City/State and Zip Code

jdavies@mynfwf.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Star M. Sansone

352

416-0090

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☒ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The 436 Group, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

724 NW 43rd Street
Gainesville, FL 32607

Mailing Address:

724 NW 43rd Street
Gainesville, FL 32607

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Eduardo Marichal, M.D.

Name

724 NW 43rd Street

Florida street address (P.O. Box **NOT** acceptable)

Gainesville

FL

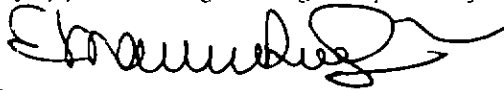
32607

City

State

Zip

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 as provided for in Chapter 605, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FL

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Amy Million, M.D.

724 NW 43rd Street

Gainesville, FL 32607

MGR

Erin Werner, M.D.

724 NW 43rd Street

Gainesville, FL 32607

MGR

Richard Brazell, M.D.

724 NW 43rd Street

Gainesville, FL 32607

MGR

Eduardo Marichal, M.D.

724 NW 43rd Street

Gainesville, FL 32607

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)


(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

ANY AND ALL LAWFUL PURPOSE

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.817.155, F.S.

Eduardo Marichal, M.D.

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Authorized Person(s) Detail continued:

MGR

Tracey Botha, M.D.

724 N.W. 43rd Street

Gainesville, FL 32607

MGR

Sheyna Carroccio, M.D.

724 N.W. 43rd Street

Gainesville, FL 32607

MGR

Kelly Chamberlain, M.D.

724 N.W. 43rd Street

Gainesville, FL 32607

MGR

Jill Delker, M.D.

724 N.W. 43rd Street

Gainesville, FL 32607

MGR

Ann S. Hatfield, M.D.

724 N.W. 43rd Street

Gainesville, FL 32607