

L19000270175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

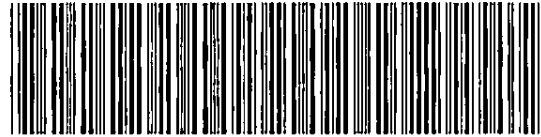
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

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**CORPORATE
ACCESS,
INC.**

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236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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- ☐ **CERTIFIED COPY** _____
- ☒ **PHOTOCOPY** _____
- ☐ **CUS** _____
- ☒ **FILING** LLC _____

1. **IDIOPATHIC ASSOCIATES, LLC**
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL
INSTRUCTIONS:**

**ARTICLES OF ORGANIZATION
OF
IDIOPATHIC ASSOCIATES, LLC
A FLORIDA LIMITED LIABILITY COMPANY**

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* * *

**ARTICLE I
NAME**

The name of this limited liability company is Idiopathic Associates, LLC.

**ARTICLE II
DURATION**

The Company's duration shall be perpetual unless sooner dissolved.

**ARTICLE III
PRINCIPAL OFFICE**

The mailing address of the Company is 1100-1 South Ponce de Leon Blvd., St. Augustine 32084. The street address of the principal office of the Company is 1100-1 South Ponce de Leon Blvd., St. Augustine 32084.

**ARTICLE IV
REGISTERED OFFICE AND AGENT**

The initial registered office of the Company is 562 Park Street, Suite 300, Jacksonville, Florida 32204, and its initial registered agent is Sidney S. Simmons, P.L.

**ARTICLE V
PURPOSE AND POWERS**

The Company is organized with a general business purpose, has all powers provided by law and may use those powers to any lawful purpose.

**Article VI
MANAGEMENT**

The company shall be manager managed. The initial managers are:

Mark Gendzier, DVM
1360 US 1 South
St. Augustine, Florida 32084

Norma Haupt, DVM

425 State Road 207 #102
St. Augustine, Florida 32084

IN WITNESS WHEREOF, the undersigned has duly executed these Articles of
Organization as of this 11th day of November, 2019.


Eleanor Simmons King
Authorized Representative

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REGISTERED AGENT FOR THE SERVICE OF PROCESS WITHIN FLORIDA

Having been named as registered agent to accept service of process for the above stated 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 11th day of November, 2019

SIDNEY S. SIMMONS, P.L.

By:


Eleanor Simmons King
Its Vice President