Division of Corporations

L20000069720

# Florida Department of State
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**FLORIDA LIMITED LIABILITY CO.**

**PORT CHARLOTTE ORAL AND FACIAL SURGERY, LLC**

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H20000074880 3

# ARTICLES OF ORGANIZATION

# FOR

# MIAMI LAKES ORAL AND FACIAL SURGERY, LLC

## ARTICLE I – NAME

The name of the Limited Liability Company is **MIAMI LAKES ORAL AND FACIAL SURGERY, LLC.**

## ARTICLE II – ADDRESS

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

16546 N. Dale Mabry Highway
Tampa, Florida 33618

## ARTICLE III – MANAGER(S)

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

| Title | Name and Address |
|---|---|
| MGR | Michael Barbick, DMD, MD<br>16546 N. Dale Mabry Highway<br>Tampa, Florida 33618 |

## ARTICLE IV – INDEMNIFICATION

The Limited Liability Company shall, to the full extent permitted by Section 605.0408, of the Florida Statutes, as amended from time to time, indemnify all persons whom it may indemnify pursuant thereto. The indemnification provided by this Article IV shall not limit or exclude any rights, indemnities or limitations of liabilities to which any person may be entitled, whether as a matter of law, under the regulations of the professional limited liability company, by agreement or otherwise.

## ARTICLE V – ADMISSION OF MEMBERS

No person may be admitted as a Member, whether as a substituted Member or an additional Member, except upon the consent of the Members as provided in Section 605.0401(3)(c) or as provided in Section 605.0701(3) and in the manner set forth in the Operating Agreement of the Company, as it may be amended from time to time, or as otherwise agreed by all of the Members.

## ARTICLE VI – TRANSFER OF INTEREST IN COMPANY

No transfer of an Interest in the Company is permitted or valid except in accordance with the restrictions on transfer contained in the Operating Agreement of the Company, as amended at the effective time of the transfer.

## ARTICLE VII - REGISTERED AGENT AND REGISTERED ADDRESS

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

Erin S. Aebel, Esq.
Shumaker, Loop & Kendrick, LLP
101 East Kennedy Boulevard
Suite 2800
Tampa, Florida 33602

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 5 day of March, 2020.

Erin Aebel

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

(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 in section 817.155, Florida Statutes.)

Erin S. Aebel

**Typed or printed name of signee**

H20000074880 3

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

PURSUANT TO THE PROVISIONS OF CHAPTER 605, 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 **MIAMI LAKES ORAL AND FACIAL SURGERY, LLC.**

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

Erin S. Aebel, Esq.
Shumaker, Loop & Kendrick, LLP
101 East Kennedy Boulevard
Suite 2800
Tampa, Florida 33602

*Having been named as registered agent and to accept service of process for the above stated professional 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.*

Erin Aebel

Erin S. Aebel
Registered Agent