

page 1  
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Division of Corporations

Florida Department of State  
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Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO. .  
Christle MD, Functional and Aesthetic Medicine, PLLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

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## ARTICLES OF ORIGINATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I NAME

The name of the Limited Liability Company is:

**Christie MD, Functional and Aesthetic Medicine, PLLC**

### ARTICLE II PRINCIPAL AND MAILING OFFICE ADDRESS

The principal place of business/ mailing address is:

7780 49<sup>th</sup> Street North #188  
Pinellas Park, FL 33781

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

The name and Florida Street address of the Initial registered agent is:

Heather Christie  
7780 49<sup>th</sup> Street North #188  
Pinellas Park, FL 33781

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.

  
Signature/Registered Agent

3/10/2020  
Date

### ARTICLE IV Manager(s)

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

Heather Christie - Manager  
7780 49<sup>th</sup> Street North #188  
Pinellas Park, FL 33781

### ARTICLE V EFFECTIVE DATE

The effective date of this filing:

Immediately upon filing

### ARTICLE VI BUSINESS PURPOSE

The business purpose of this business is:

Medical Doctor

Signature of a member or 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 for in s.817.155, F.S.)

  
Signature/Incorporator/MGR.

3/10/2020  
Date

Heather Christie  
Printed name of Signer