

**L20000091850**  
Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : SODL & INGRAM PLLC  
Account Number : I20190000071  
Phone : (904)257-5777  
Fax Number : (904)347-2738

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: mbhanote29@gmail.com

**FLORIDA LIMITED LIABILITY CO.  
MONISHA BHANOTE, MD, PLLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
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MAR 27 2020

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

MONISHA BHANOTE, MD, PLLC

(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:**

**Mailing Address:**

MONISHA BHANOTE, MD  
428A OSCEOLA AVENUE  
JACKSONVILLE BEACH, FL 32250

MONISHA BHANOTE, MD  
255 AVENUE C  
PONTE VEDRA BEACH, FL 32082

**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.)

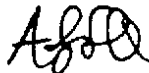
The name and the Florida street address of the registered agent are:

MONISHA BHANOTE, MD  
Name

428A OSCEOLA AVENUE  
Florida street address (P.O. Box **NOT** acceptable)

<u>JACKSONVILLE BEACH</u>	<u>FLORIDA</u>	<u>32250</u>
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.*



Andrew M. Sodl, as Authorized Representative  
Registered Agent's Signature (REQUIRED)

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20 MAR 27 AM 11:30  
TALLAHASSEE, FLORIDA

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**MGR \_\_\_\_\_MONISHA BHANOTE MD  
428A OSCEOLA AVENUE  
JACKSONVILLE BEACH, FL 32250

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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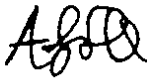
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(Use attachment if necessary)

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TALLAHASSEE, FLORIDA**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.The purpose of the professional limited liability company is for the rendering of professional medical services.**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.Andrew M. Sodl, as Authorized Representative

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)

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