

4/7/2020

Division of Corporations

Florida Department of State

Division of Corporations
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To: Division of Corporations
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FLORIDA LIMITED LIABILITY CO.

Ready Responders Florida, PLLC

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Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Ready Responders Florida, 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:1320 Magazine St. Suite 203
New Orleans, LA 70130**Mailing Address:**1320 Magazine St. Suite 203
New Orleans, LA 70130**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:

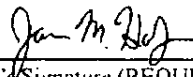
C T Corporation SystemNAIRO1200 South Pine Island RoadFlorida street address (P.O. Box **NOT** acceptable)

<u>Plantation,</u>	<u>FL</u>	<u>33324</u>
<u>City</u>	<u>State</u>	<u>Zip</u>

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 ~~his~~ 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, FS

C T Corporation System

By

James M. Halpin
Assistant Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:MGRJohn V. Abraham2120A 3rd St NEWashington D.C. 20002MGRJeremy Corbett811 Corporate Drive, Suite 101Lexington, KY 40503

(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.The purpose of the Limited Liability Company is to engage in the profession of medicine.**REQUIRED SIGNATURE:**

DocuSigned by:

John Abraham, MD

Signature of _____ 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.

John V. Abraham

Typed or printed name of sign

Filing Fees:

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

S 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)

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