

850-617-6381

4/9/2020 12:26:43 PM PAGE 1/001 Fax Server



April 9, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

KATZ BASKIES & WOLF PLLC

SUBJECT: DR. B MEDICAL PLLC
REF: W20000036289

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please state purpose of pllc on document,

If you have any further questions concerning your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

FAX Aud. #: H20000104260
Letter Number: 520A00007625

H200001042603

COVER LETTERTO: New Filing Section
Division of CorporationsSUBJECT: Dr. B Medical PLLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jeffrey Baskies

Name of Person

Katz Baskies & Wolf PLLC

Firm/Company

3020 North Military Trail Suite 100

Address

Doon Raton, FL 33431

City/State and Zip Code

jeff.baskies@katzbaskies.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jeffrey Baskies

at

561

910-5700

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee☐ \$130.00 Filing Fee &
Certificate of Status☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)Mailing AddressNew Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314Street AddressNew Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

H200001042603

H 200001042603

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Dr. B Medical 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:770 NE Marine DriveBoca Raton, FL 33431770 NE Marine DriveBoca Raton, FL 33431

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:

Allyson Bagenholm

Name

770 NE Marine DriveFlorida street address (P.O. Box **NOT** acceptable)Boca RatonFL33431

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.



 Registered Agent's Signature (REQUIRED)

(CONTINUED)

 2020 APR -9 AM 11:20
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FILED

H 200001042603

H200001042603

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
Allvson Bagenholm
770 NE Marine Drive
Boca Raton, FL 33431

(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. **PURPOSE OF PLLC**SEE ATTACHED**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.

Allvson Bagenholm, Manager

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 APR -9 AM 11:28

FILED

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 APR -9 AM 11:28

FILED

H200001042603

H20000 1042603

ARTICLE VI – OTHER PROVISIONS

**THE PURPOSE FOR WHICH THIS PLLC IS ORGANIZED IS TO ACT FOR THE
SOLE AND SPECIFIC PURPOSE OF RENDERING PROFESSIONAL MEDICAL
SERVICES.**

FILED

2020 APR -9 AM 11:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H20000 1042603