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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : KATZ BASKIES & WOLF PLLC

Account Number : I20080000071 Phone : (561)910-5700 Fax Number : (561)910-5701

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

Email Address: JC-FF. baskies & katzbaskies. com

FLORIDA LIMITED LIABILITY CO.

Dr. B Medical PLLC

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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.

COVER LETTER

TO:	New Filing Sect Division of Cor			,	
SURJE	Dr. B Media	cel PLLC			
30038	CI	Name o	f Limito	d Liability Company	
The enc	losed Articles of	Organization and fee(s) are su	binized for filing.	
Please r	ctum all correspo	ndence concerning th	is matter	to the following:	
	Jeffrey Baski	es			
		<u> </u>	N	lame of Person	
	Katz Baskies	& Wolf PLLC			
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			· · · · · · · · · · · · · · · · · · ·	Address	
	Boca Raten,	FL 33431	•		
			City/	State and Zip Code	
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For furth	er infor mation c o	scerning this matter, p	ijeste cz	11:	
	Jeffrey Baski	es	561 ut (910-5700	
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		ox 6327 sssee, FL 32314		2415 N. Monroe Stre Talishassee, FL 3230	•

H200001042603

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Dr. B Medical PLLC		
(Must conatin the words "Limited	Liability Compa	rsy, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal of	office of the Lim	ited Liability Company is:
Principal Office Address:		Mailing Address:
770 NE Marine Drive		770 NE Marine Drive
Boca Raton, FL 33431		Boca Ration, FL 33431
ARTICLE III - Registered Agent, Registered Office, (The Limited Liability Company cannot serve at its own snother business entity with an active Florida registration.) The name and the Florida street address of the registere	n Registered Age on.)	ent. You must designate an individual or
Allyson Bazznholm		
	Name	
770 NE Marine Driv	ле <u>.</u>	
Florida street addre	as (P.O. Box <u>NC</u>	II acceptable)
Bocs Raton	FL	33431
City	State	Zip
Various have named as registered agent and in according	sine of monoett fo	s the above wated limited liability compared.

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 agrees 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

"AMBR" - Authorized Member	Name and Address:	
"MGR" - Macagar		
MCR	Allyson Basenholm	
	770 NE Marine Drive Boon Raton, FL 3343]	
	DOG 10888 [4 25-2]	
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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.

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