L20000 134876

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(2)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200345179512

ACT STATE TO STATE TO SERVICE STATE OF THE SERVICE

RECEIVED

K Bunupie:

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE : 300363 7838690
AUTHORIZATION: Spelle Renov
COST LIMIT : \$ 155.00
ORDER DATE : May 21, 2020
ORDER TIME : 4:34 PM
ORDER NO. : 300363-085
CUSTOMER NO: 7838690
DOMESTIC FILING
NAME: NEIGHBORMD PARTNERS OF GULF COAST, LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
XX CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Kadesha Roberson - EXT.

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION OF NEIGHBORMD PARTNERS OF GULF COAST, LLC

The undersigned authorized representatives (the "<u>Authorized Representatives</u>") sign these Articles of Organization and form a limited liability company (the "<u>Company</u>") pursuant to Section 605.0201 of the Florida Revised Limited Liability Company Act (the "<u>Act</u>"). as follows:

Dated as of May 21, 2020

ARTICLE I - NAME

The name of the Company is:

NeighborMD Partners of Gulf Coast, LLC

ARTICLES II - MAILING ADDRESS AND STREET ADDRESS

The street and mailing address of the principal office of the Company is:

NeighborMD Partners of Gulf Coast, LLC 8700 W Flagler Street, Suite 400 Miami, FL 33174

ARTICLE III - INITIAL REGISTERED AGENT AND OFFICE

The name and the Florida street address of the initial registered agent of the Company is:

Corporation Service Company 1201 Hays Street Tallahassee, FL 32301

The written acceptance of the Company's initial registered agent, pursuant to 605.0201 (2) (c) of the Florida Revised Limited Liability Act, is attached herein as **Exhibit A**.

<u>ARTICLE IV – PURPOSE</u>

The Company is being formed for the purpose of transacting any and all lawful business for which a limited liability company may be organized under the Florida Revised Limited Liability Company Act.

<u>ARTICLE V – DURATION</u>

The Company shall have perpetual existence unless sooner dissolved, according to law: corporate existence shall commence upon the filing of the Articles of Organization by the Florida Department of State.

[Remainder of Page Intentionally Left Blank; Signature Page to Follow]

In accordance with Section 605.0203(1)(b), of the Florida Revised Limited Liability Company Act, 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 Section 817.155 of the Florida Statutes.

/s/ Michael Muchnicki Name: Michael Muchnicki	
/s/ Lee Clark	

Name: Lee Clark

AUTHORIZED REPRESENTATIVES:

EXHIBIT A

Written Acceptance of the Company's Initial Registered Agent

See attached.

EXHIBIT A

ACCEPTANCE BY REGISTERED AGENT

Pursuant to Article III of the Articles of Organization of NeighborMD Partners of Gulf Coast, LLC, a Florida limited liability company (the "Company"), the Company's initial registered office and registered agent office information, in the State of Florida, is as follows:

1. The name of the Company is:

NeighborMD Partners of Gulf Coast, LLC

2. The name and address of the registered agent and registered office are:

Corporation Service Company 1201 Hays Street Tallahassee, FL 32301

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 of the Florida Statutes.

Signature.

Name: _ Title: Kadesha Roberson Asst. Vice President