

Jun. 25, 2020 9:45AM  
6/25/2020

GRAY ROBINSON

Division of Corporations

Florida Department of State

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

Email Address: tucker.thoni@gray-robinson.com

**FLORIDA LIMITED LIABILITY CO.**

**Poris Plastic Surgery, LLC**

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

**ARTICLE I**  
**Name**

The name of this Limited Liability Company is: **Poris Plastic Surgery, LLC**

**ARTICLE II**  
**Address**

The initial mailing address and street address of the principal office of this Limited Liability Company is:

301 E. Pine Street, Ste 1400  
Orlando, FL 32801

**ARTICLE III**  
**Purpose**

The purpose of the limited liability company is to engage in the practice of medicine, as well as to conduct any other lawful business activities under Chapter 605, Florida Statutes.

**ARTICLE IV**  
**Management**

This Limited Liability Company is to be managed by one or more managers and is, therefore, a "manager-managed" limited liability company.

**ARTICLE IV**  
**Registered Agent, Registered Office & Registered Agent's Signature**

The name and the Florida street address of the Registered Agent of this Limited Liability Company is:

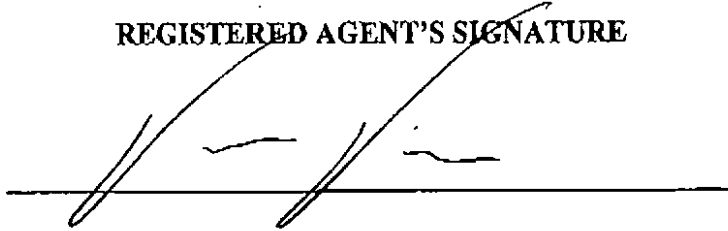
GrayRobinson, P.A.  
301 E. Pine Street, Suite 1400  
Orlando, FL 32801

*Having been named as registered agent to accept service of process for this limited liability company at the place so designated in these Articles of Organization, the undersigned hereby accepts this appointment and agrees to act in this capacity. The undersigned agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties and is familiar with and accepts the obligations of the undersigned's position as registered agent, as provided for in Chapter 605, Florida Statutes.*

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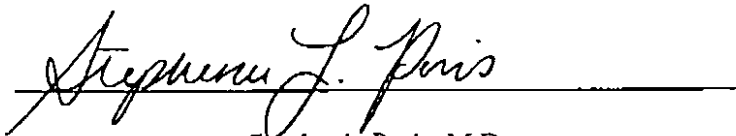
**REGISTERED AGENT'S SIGNATURE**

A handwritten signature in black ink, appearing to read 'Tucker J. Thoni', is written over a horizontal line.

Tucker J. Thoni, Esq.  
on behalf of GrayRobinson, P.A.

*In accordance with Section 605.0203(1)(b), Florida Statutes, 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 in Section 817.155, Florida Statutes.*

**AUTHORIZED REPRESENTATIVE'S SIGNATURE**

A handwritten signature in black ink, appearing to read 'Stephenie L. Poris', is written over a horizontal line.

Stephenie Poris, M.D.,  
Authorized Representative

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HALL COUNTY CLERK  
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