

6/23/2020

Division of Corporations

RESUBMIT

PLEASE GIVE ORIGINAL FAX DATE OF

L20000195392

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : CORPORATION SERVICE COMPANY
Account Number : I20000000195
Phone : (850)521-0821
Fax Number : (850)558-1515

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: _____

W2-68624

**FLORIDA LIMITED LIABILITY CO.
AJCINA EMERGENCY MEDICINE, PLLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

2020 JUL 10 PM 12:18

6/23/2020

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7/16/2020*

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Corporate Filing Menu

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H20000193115 3**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

AJCINA EMERGENCY MEDICINE, 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:4387 Harborpointe DrPort Richey, FL 34668**Mailing Address:**4387 Harborpointe DrPort Richey, FL 34668**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:

Anthony Cina

Name

4387 Harborpointe DrFlorida street address (P.O. Box **NOT** acceptable)Port RicheyFL34668

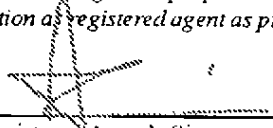
City

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.

By


 Registered Agent's Signature (REQUIRED)

(CONTINUED)

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H20000193115 3**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:AMBRAnthony Cina
4387 Harborpointe Dr
Port Richey, FL 34668

(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.Emergency room physicianPurpose is to provide patients with emergency medicine services.**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.Anthony Cina

Typed or printed name of signer

Filing Fees:

S125.00 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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