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FLORIDA LIMITED LIABILITY CO. DONNELLY OTOLARYNGOLOGY CENTRE, REXX PLLC

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November 10, 2020

FLORIDA DEPARTMENT OF STATE
Division of Corporations

AKERMAN LLP

SUBJECT: DONNELLY OTOLARYNGOLOGY CENTRE, P.L.

REF: W20000129468

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.

The name of a professional limited liability company must contain CHARTERED, PROFESSIONAL LIMITED LIABILITY COMPANY, P.L.L.C. or PLLC.

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

Derrick Thompson Regulatory Specialist II New Filing Section FAX Aud. #: H20000387653 Letter Number: 420A00022562 (((H20000387653 3)))

ARTICLES OF ORGANIZATION OF DONNELLY OTOLARYNGOLOGY CENTRE, PLLC

The undersigned, acting as organizer of this professional limited liability company pursuant to Chapter 621 of the Florida Statutes, hereby forms a professional limited liability company under the laws of the State of Florida and adopts the following Articles of Organization for such limited liability company.

ARTICLE 1 - Name:

The name of the professional limited liability company is **Donnelly Otolaryngology** Centre, PLLC (the "Company").

ARTICLE II - Address:

The mailing address and street address of the Company is 4201 Bayshore Boulevard, Unit 1402, Tampa, Florida 33611.

ARTICLE III – Existence and Duration:

The Company shall commence its existence on the date that these Articles of Organization are filed with the Department of State, and its duration shall be perpetual unless sooner dissolved by law.

ARTICLE IV - Management:

The Company shall be a member-managed professional limited liability company.

ARTICLE V - Registered Agent

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

Glynis Donnelly 4201 Bayshore Boulevard Unit 1402 Tampa, Florida 33611

ARTICLE VI – Purpose and Members

The Company is organized for the sole and specific purpose of rendering professional medical services under the laws of the State of Florida.

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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, Florida Statutes.

Glypis Donnelly, Registered Agent

REQUIRED SIGNATURE:

Kerin J. Donnelly, MID Authorized Representative

(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 for in section 817.155, Florida Statutes.)