Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200004034173)))



H200004034173ABCV

| To: | | | 3 |
|-------|--------------------------|---------------------------------------|---|
| | Division of Corporations | | : |
| | Fax Number | : (850)617-6381 | 1 |
| | | | |
| From: | | PROCES CAUCCOMMUNIC PT LAUDEDDALE | |
| | | : BERGER SINGERMAN LLP, FT.LAUDERDALE | |
| | | r : I20020000154 | |
| | | : (954)525-9900 | |
| | Fax Number | : (954)523-2872 | |
| | | | |

JY 24 PM 12: 45

FLORIDA LIMITED LIABILITY CO.

Reed Health PLLC

| Certificate of Status | 0 |
|-----------------------|----------|
| Certified Copy | 1 |
| Page Count | 02 |
| Estimated Charge | \$155.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

H Co

NOV :

AH 8:

ب ، برکری

11: 14: 1010 11: 44 30-01011 850-617-6381 11/24/2020 10:00:10 AM PAGE 1/001 Fax Server



November 24, 2020

FLORIDA DEPARTMENT OF STATE Division of Corporations

BERGER, SINGERMAN LLP

SUBJECT: REED HEALTH PLLC

REF: W20000134449

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 specific business purpose of the professional association must be stated in the document.

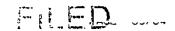
You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), Authorized Person (AP), or Authorized Representative (AR).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please dalî (850) 245-6052.

Lillie S Kervin Regulatory Specialist II FAX Aud. #: H20000403417 Letter Number: 520A00023641 Page: 3

ا اللا



2020 NOV 24 AM 8: 56

H20000403417 3

SECRETARY OF STATE TALLAHASSEE, FL

ARTICLES OF ORGANIZATION OF REED HEALTH PLLC a Florida professional limited liability company

- 1. The name of the professional limited liability company is Reed Health PLLC.
- 2. The business purpose of the professional limited liability company is medical services.
- 3. The street and mailing address of the principal office of the professional limited liability company is:

101 NW 22nd Street Gainesville, FL 32603.

4. The name and street address of the initial registered agent of the professional limited liability company is:

Austin Reed 101 NW 22nd Street Gainesville, FL 32603.

5. The limited liability company shall be managed by a manager. The name and address of the initial manager of the limited liability company is:

Austin Reed 101 NW 22nd Street Gainesville, FL 32603.

Dated: November 23, 2020

/s/ Austin Reed
Austin Reed, Authorized Representative

ANTERIALDED IL. 77 JUNGAGAGOTE

H200004034173

ACCEPTANCE OF APPOINTMENT AS REGISTERED AGENT

Having been named as registered agent and to accept service of process for Reed Health PLLC at the place designed in Article III of the Articles of Organization, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statues relating to the proper and complete performance of his duties, and is familiar with and accepts the obligations of the position as registered agent as provided for in Chapter 605, F.S.

/s/ <u>Austin Reed</u>
Austin Reed

Dated: November 23, 2020