L210000 11105

(Requestor's Name)					
(Address)					
(Address)	<u>. </u>				
(City/State/Zip/Phone #)					
PICK-UP WAIT	MAIL				
(Business Entity Name)					
(Document Number)					
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Date:	01/13/2021	
	Chris Vick	_
	#:1313692	<u> </u>
Entity Nam	ne: NAHA HEAL	TH FLORIDA, PLLC
✓ Artic	cles of Incorporation/Authorization	n to Transact Business
Ame	endment	
☐ Cha	ange of Agent	
☐ Rei	nstatement	
☐ Cor	nversion	
☐ Mer	ger	
Diss	solution/Withdrawal	
☐ Fict	itious Name	
✓ Oth	erPLEASE RETAIN	ORIGINAL FILE DATE OF 1/11/21
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January 12, 2021

COGENCY

SUBJECT: NAHA HEALTH FLORIDA, PLLC

Ref. Number: W21000002964

We have received your document for NAHA HEALTH FLORIDA, PLLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

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

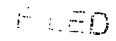
If you have any questions concerning the filing of your document, please call (850) 245-6052.

Letter Number: 021A00000656

Neysa Culligan Regulatory Specialist III

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DO DOVERDE DE LA COL



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2021 JAN 11 AM 9: 40

SECRETATA OF STATE TALLATANSSE, FL

ARTICLE I - Name: The name of the Limited Liability (Company is:			SECKET, .
ne name of the Littlied Lizothty	опфану із.			TALLA
		th Florida, PLL		
(Must contain	the words "Limited Liabi	lity Company, "	L.L.C.," or "LLC.")	
RTICLE II - Address: he mailing address and street add	ress of the principal office	of the Limited L	iability Company is:	
Principal Office Address:			Mailing Address:	
	vd Building B		13600 Icot Blvd Buil	
Clearwate	er, FL 33760	- 	Clearwater, FL 33760	
		CY GLOBAL II me	10.	
	115 North C	alhoun Street,	Sulte 4	
	Florida street address (P.	O. Box NOT acc	ceptable)	
	Tallahassee	Florida	32301	
•	City	State	Zip	
aving been named as registered ag ace designated in this certificate, I other agree to comply with the prov In familiar with and accept the oblig	hereby accept the appoints visions of all statutes relativ	nent as registered ig to the proper o	l agent and agree to act and complete performan	in this capacity. I uce of my duties, ar
				r 005, r.s
	/s/ SHANNO		OOX	7 003, F.S

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager Barbara Freeman, MD MGR 13600 lcot Blvd Building B Clearwater, FL 33760 (Use attachment if necessary) . (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: ___ (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. Provision of telemedicine and other healthcare services. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member.

Barbara Freeman, MD

Typed or printed name of signee

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

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

constitutes a third degree felony as provided for in s.817.155, F.S.

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)