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2021 MAY -4 AM 9:25

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2021 MAY -4 PM 2:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10-5-21

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 793106 8174277

AUTHORIZATION :

Eylien Baker

COST LIMIT : \$ 125.00

ORDER DATE : May 4, 2021

ORDER TIME : 1:10 PM

ORDER NO. : 793106-005

CUSTOMER NO: 8174277

DOMESTIC FILING

NAME: LONGEVITY CLINICAL LTC
ASSOCIATES OF FLORIDA, PLLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Eyliena Baker - EXT.

EXAMINER'S INITIALS: _____

2021 MAY 11 1:10 PM

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Longevity Clinical LTC Associates of Florida, PLLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Jackie Gerstenfeld

Name of Person

Longevity Health Pla

Firm/Company

11770 N US Highway 1, Suite E102

Address

Palm Beach Gardens, FL 33408

City/State and Zip Code

Jackie.Gerstenfeld@longevityhealthplan.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jackie Gerstenfeld

954

684-8185

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2021 MAR -4 10:00 AM

ARTICLE I - Name:

Longevity Clinical LTC Associates of Florida, PLLC

ARTICLE II - Address:

Principal Office Address:

Mailing Address:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

Corporation Service Company

1201 Hays Street

<u>Tallahassee</u>	<u>FL</u>	<u>32301</u>
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Corporation Service Company

By Maude E. Blum
Registered Agent's Signature (REQUIRED)

100

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:

AMBR

Laurence M. Petty, MD
8508 Alafia Hills Drive
Plant City, FL 33567

(Use attachment if necessary)

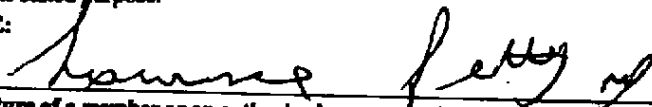
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Notes: 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.

The purpose of this limited liability company is to render professional medical service and to do all things in connection therewith that are customarily done by licensed medical doctors under the laws of the State of Florida and in accordance with Chapter 621, Florida Statutes; and any and all things for which a limited liability company may be formed in the State of Florida to further facilitate its stated purpose.

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.

LAURENCE PETTY MD

Typed or printed name of signer

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

2021 MAY 11 10 00 AM