Electronic Articles of Organization
For
Florida Limited Liability Company

L21000282534
FILED 8:00 AM
June 17, 2021
Sec. Of State
jwest

Article I

The name of the Limited Liability Company is:

NORTHERN FLORIDA SURGICAL SUITES LLC

Article II

The street address of the principal office of the Limited Liability Company is:

2048 CENTRE POINTE LN
TALLAHASSEE, FL. 32308

The mailing address of the Limited Liability Company is:

2048 CENTRE POINTE LN
TALLAHASSEE, FL. 32308

Article III

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

JACOB GITMAN
1111 KANE CONCOURSE
STE 518
BAY HARBOR ISLANDS, FL. 33154

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.

Registered Agent Signature: JACOB GITMAN

Article IV

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The name and address of person(s) authorized to manage LLC:

Title: AMBR
JACOB GITMAN
1111 KANE CONCOURSE, STE 518
BAY HARBOR ISLANDS, FL. 33154

Title: AMBR
IVAR DOBELIS
3746 MAPLE AVE
BROOKLYN, NY. 11224

Signature of member or an authorized representative

Electronic Signature: JACOB GITMAN

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.