

L21000332054

From 171.867.504 171.312.867.504 Tue Jul 20 12:58:59 2021 EDT Page 2 of 5

Florida Department of State
Division of Corporations
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FLORIDA LIMITED LIABILITY CO.
Artisan Integration, LLC

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ARTICLES OF ORGANIZATION

of

ARTISAN INTEGRATION, LLC a Florida Limited Liability Company

The undersigned, for the purpose of forming a limited liability company under the Florida Revised Limited Liability Company Act, Florida Statutes Chapter 605, hereby makes, acknowledges, and files the following Articles of Organization.

ARTICLE I - NAME

The name of the limited liability company shall be ARTISAN INTEGRATION, LLC ("Company").

ARTICLE II - ADDRESS

The physical address of the principal office of the company shall be 21745 NW 87th Avenue Road, Micanopy, FL 32667.

The mailing address of the principal office of the company shall be 21745 NW 87th Avenue Road, Micanopy, FL 32667.

ARTICLE III - DURATION

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV - REGISTERED OFFICE AND AGENT

The name and street address of the registered agent and registered office of the Company in the state of Florida is Gary C. Simons, Esquire, 121 NW Third Street, Ocala, FL 34475.

ARTICLE V - MANAGERS/MANAGING MEMBERS

The name and address of each Manger or Managing Member is as follows:

TITLE:	NAME:	ADDRESS:
MGRM	JASON J. PFAFFLY, M.D.	21745 NW 87 th Avenue Road Micanopy, FL 32667

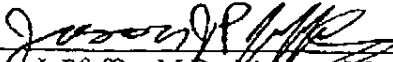
ARTICLE VI - EXISTENCE

The existence of the Company shall begin upon filing.

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STATE OF FLORIDA
TALLAHASSEE, FL

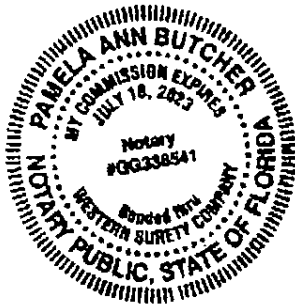
Signed this 20th day of July, 2021.

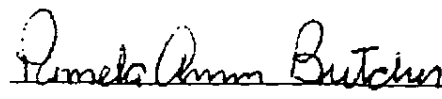

Jason J. Pfaffly, M.D., Manager/Member

STATE OF FLORIDA
COUNTY OF MARION

The foregoing instrument was acknowledged before me by means of ☒ physical presence or
☐ online notarization, this 20th day of July, 2021 by Jason J. Pfaffly, M.D., ☐ who is personally
known to me or ☒ who has produced FL Dr. License as identification.

[Notary Seal]




Notary Public
Pamela Ann Butcher
Name typed, printed or stamped
My Commission Expires: _____

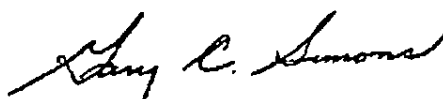
ACCEPTANCE OF REGISTERED AGENT

for

**ARTISAN INTEGRATION, LLC,
a Florida Limited Liability Company**

Undersigned hereby states that he is familiar with the obligations of Registered Agent for the
Company as provided by Chapter 605, Florida Statutes, and accepts the appointment as Registered
Agent for the Company.

Signed this 20th day of July, 2021.

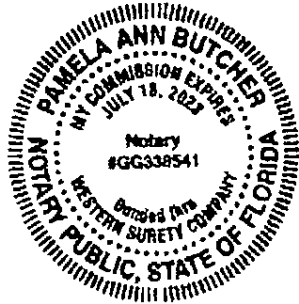

GARY C. SIMONS, Registered Agent

STATE OF FLORIDA

COUNTY OF MARION

The foregoing instrument was acknowledged before me by means of ☒ physical presence or
☐ online notarization, this 20th day of July, 2021 by Gary C. Simons, as Registered Agent, ☒ who is
personally known to me or ☐ who has produced _____ as identification.

[Notary Seal]



Pamela Ann Butcher

Notary Public

Pamela Ann Butcher

Name typed, printed or stamped

My Commission Expires: _____

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