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	Account Number : 973617000267	
	Phone : (352)732-8944	
	Fax Number : (352)867-0504	

gsimons@savagekrim.com

FLORIDA LIMITED LIABILITY CO. Agora Health, PLLC

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ARTICLES OF ORGANIZATION

of

AGORA HEALTH, PLLC a Florida Professional Limited Liability Company

The undersigned, for the purpose of forming a professional 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 professional limited liability company shall be AGORA HEALTH, PLLC ("Company").

ARTICLE 11 - 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 Professional Limited Liability Company shall be perpetual.

ARTICLE IV - PURPOSE

The nature of the business to be transacted by this professional service company is to render professional medical services to the general public and 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 the "Professional Service Company Act, of Florida", to invest its funds in real estate, mortgages, stocks, bonds or other types of investments, and may own real or personal property necessary for the rendering of professional services. The business of the company shall be limited to the foregoing activities and such other activities as may hereafter be authorized for such company.

ARTICLE V - 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 VI - 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 87th Avenue Road

Micanopy, FL 32667

ARTICLE VII - EXISTENCE

The existence of the Company shall begin upon filing.

Signed this 20 day of July, 2021.

Ason J. Piaffil, 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 _____ day of July, 2021 by Jason J. Pfaffly, M.D., who is personally known to me or who has produced <u>FL Dr. License</u> as identification.

[Notary Seal]



Notary Public

Camela And Butche

Name typed, printed or stamped

My Commission Expires:

21 JUL 20 PHIZ: W3

ACCEPTANCE OF REGISTERED AGENT

for

AGORA HEALTH, PLLC, a Florida Professional Limited Liability Company

21 JUL 20 PH 12: 43
SHOWER THE ENTRY AND A STATE
FALLAHASSEE, FLORIDA

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

Ly C. Suns

STATE OF FLORIDA

COUNTY OF MARION

The foregoing instrument was acknowledged before me by means of \square physical presence or \square online notarization, this 200 day of July, 2021 by Gary C. Simons, as Registered Agent, \square who is personally known to me or \square who has produced ______ as identification.

[Notary Seal]



Notary Public

Name typed, printed or stamped

My Commission Expires:

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