

8/23/2021

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Allison Wyman <allisonwymanmd@gmail.com>

## FLORIDA LIMITED LIABILITY CO.

Allison Wyman, MD, LLC

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AUG 24 2021

T. SCOTT

2021 AUG 23 AM 10:16

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**ARTICLES OF ORGANIZATION  
OF  
ALLISON WYMAN, MD, LLC**

The undersigned subscriber to these Articles of Organization, a natural person competent to contract, does hereby form a limited liability company under the laws of the State of Florida.

**ARTICLE I**

**Name**

The name of the limited liability company shall be ALLISON WYMAN, MD, LLC.

**ARTICLE II**

**Initial Principal Office Street and Mailing Address**

The Company's initial principal office street address and mailing address is 605 Danube Ave., Tampa, FL 33606.

**Article III**

**Period of Duration**

The limited liability company shall begin existence on the day of filing, and shall continue in perpetuity, or until dissolved in a manner provided by law or by regulation adopted by the Members of the limited liability company.

**Article IV**

**Purposes**

The limited liability company may engage in the transaction of any or all lawful business for which limited liability companies may be formed under the laws of the State of Florida.

**Article V**

**Registered Office and Registered Agent**

The street address of its initial registered office of the Company 605 Danube Ave., Tampa, FL 33606, and the name of its initial registered agent at that address is Allison Wyman, M.D.

**Article VI**

**Management**

The management of the limited liability company, unless otherwise provided in the articles of organization or the operating agreement, shall be vested in a Manager.

2021 AUG 23 AM 10:18  
ALLISON WYMAN, MD, LLC  
TAMPA, FL 33606

Article VII  
Authorized Representative

The name and address of the authorized representative of the Company is:


Name:

Allison Wyman, M.D.

Address:

605 Danube Ave.  
Tampa, FL 33606

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization  
the 2<sup>nd</sup> day of August 2021



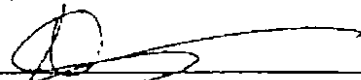
Allison Wyman, M.D.  
Authorized Representative

**ACCEPTANCE BY REGISTERED AGENT**

Having been named as registered agent and to accept service of process for the Company, at the place designated as the registered office, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties and is familiar with and accepts the duties and obligations of its position as registered agent.

Dated this 23<sup>rd</sup> day of August 2021.

REGISTERED AGENT:

  
Allison Wyman, M.D.