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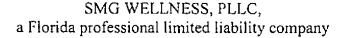
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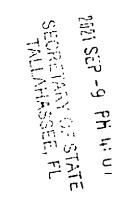
#### 3458 Lakeshore Drive, Tallahassee, FL 32312 850-656-4724

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Name:	SMG Wellness., PLLC
Document #:	
Order #:	13866451
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of:	
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#### **ARTICLES OF ORGANIZATION**





#### ARTICLE I NAME

The business and affairs of the Professional Limited Liability Company shall be conducted under the name of:

SMG WELLNESS, PLLC

# ARTICLE II PRINCIPAL OFFICE AND MAILING ADDRESS

The street address and the mailing address of the principal place of business of the Professional Limited Liability Company within the State of Florida shall be:

590 Oak River Court Osprey, Florida 34229

# ARTICLE III INITIAL REGISTERED AGENT/OFFICE

The registered office of the Professional Limited Liability Company and its initial registered agent shall be:

Scott M. Goldhaber 590 Oak River Court Osprey, Florida 34229

### ARTICLE IV MANAGEMENT AND POWERS

The business and affairs of the Professional Limited Liability Company shall be managed by one or more Managers elected as provided in the Operating Agreement of the Professional Limited Liability Company. The initial Manager shall be as follows:

Scott M. Goldhaber 590 Oak River Court Osprey, Florida 34229

#### **PURPOSES**

The purposes of the Professional Limited Liability Company are to engage in the practice of medicine and any activity or business permitted under the laws of the United States and the State of Florida.

Scott M. Goldhaber

"MANAGER"

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 605.0203 of the Florida Statutes, the undersigned Professional Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the Professional Limited Liability Company is:

SMG WELLNESS, PLLC

2. The name and the Florida street address of the registered agent are:

Scott M. Goldhaber 590 Oak River Court Osprey, Florida 34229

Having been named to accept service of process for the above stated Professional 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date:  $\frac{9/1/21}{}$ 

Scott M. Goldhaber

"REGISTERED AGENT"

