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To:
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From:
Account Name : SAVAGE KRIM & SIMONS
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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: gsimons@savagekrim.com

**FLORIDA LIMITED LIABILITY CO.
COR ARCA MEDICAL, PLLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

ARTICLES OF ORGANIZATION

of

COR ARCA MEDICAL, 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 COR ARCA MEDICAL, PLLC ("Company").

ARTICLE II - ADDRESS

The physical address of the principal office of the company shall be 121 NW 3rd Street, Ocala, FL 34475.

The mailing address of the principal office of the company shall be 121 NW 3rd Street, Ocala, FL 34475.

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 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	JUSTIN I. PORTO, D.O.	309 Route 41 Freehold, NY 12431

ARTICLE VII - EXISTENCE

The existence of the Company shall begin upon filing.

Signed this 5th day of Oct, 2021.

Justin I. Porto, D.O., Manager/Member

STATE OF NEW YORK
COUNTY OF Greene

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 5 day of Oct, 2021 by Justin I. Porto, D.O., ☐ who is personally known to me or ☒ who has produced D.L. as identification.

[Notary Seal]

JOSEPHINE A ROMPOLSKI
Notary Public, State of New York
No. 01RO8185226
Qualified in Greene County
Commission Expires April 14, 2024

Notary Public

Josephine A Rompolski
Name typed, printed or stamped

My Commission Expires: Apr 14 2024

ACCEPTANCE OF REGISTERED AGENT

for

**COR ARCA MEDICAL, PLLC,
a Florida Professional 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 8th day of October, 2021.

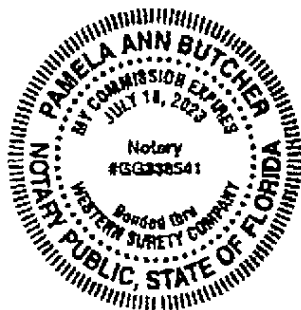
Gary C. Simons
GARY C. SIMONS, Registered Agent

STATE OF FLORIDA

COUNTY OF MARION

The foregoing instrument was acknowledged before me by means of ☒ physical presence or ☐ online notarization, this 8th day of October, 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: _____