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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6381

From:

Account Name : FL PATEL LAW PLLC  
Account Number : I20170000097  
Phone : (727)279-5037  
Fax Number : (727)888-1294

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Support@flpatellaw.com

Email Address: \_\_\_\_\_

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STATE OF FLORIDA

FLORIDA LIMITED LIABILITY CO.  
FLH Medical, PLLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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## COVER LETTER

Thursday, October 28, 2021

To: New Filing Section  
Division of Corporation

Subject:  
**FLH MEDICAL, PLLC**  
Name of Professional Limited Liability Company

The enclosed Articles of Organization and Fee(s) are submitted for filing. Please return correspondence concerning this matter to the following:

**FL Patel Law PLLC**  
360 Central Avenue  
8<sup>th</sup> Floor  
St. Petersburg, Florida 33701  
Fax: 727-888-1294

For further information concerning this matter, please call or e-mail:  
Jamie Primeau 727-279-5037 or e-mail at [Support@flpatellaw.com](mailto:Support@flpatellaw.com)

Enclosed is our fax filing coversheet for \$130.00 for Filing Fee & Certificate of Status

**FL Patel Law PLLC**

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ARTICLES OF ORGANIZATION

FOR

FLH MEDICAL, PLLC

A FLORIDA PROFESSIONAL LIMITED LIABILITY COMPANY

ARTICLE I.

Name

The name of the Professional Limited Liability Company is: FLH Medical, PLLC (the "Company").

ARTICLE II.

Address

The principal office and mailing address of the Company is:

5000-18 US Hwy 17 S #820  
Fleming Island, FL 32003

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TALLAHASSEE

ARTICLE III.

Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida Street Address of the Registered Agent are:

FLP RA Services LLC  
360 Central Avenue  
Suite 800  
Saint Petersburg, FL 33701

*Having been named as Registered Agent and 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent as provided for in Chapter 605, F.S.*

*Ada Reyes*

(sign)

FLP RA Services LLC

**ARTICLE IV.**  
**Area of Practice**

The area of professional service of the Company is limited to the practice of medicine.

**ARTICLE V.**  
**Authorized Members and Managers**

The Name and Address of each person authorized to manage and control the Professional Limited Liability Company:


<u>Title</u>	<u>Name and Address</u>
<b>AMBR = Authorized Member</b> <b>MGR = Manager</b>	
<u>MGR</u>	Foluke A Akinyemi 5000-18 US Hwy 17 S #820 Fleming Island, FL 32003

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 TALLAHASSEE, FL

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**ARTICLE VI.**

The Effective date shall be the date of filing.

  
 \_\_\_\_\_ (sign)

**Signature of a member or an authorized representative of a member.**

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
 I am aware that any false information submitted in a document to the Department of State  
 constitutes a third degree felony as provided for in s.817.155, F.S.

\_\_\_\_\_  
 Foluke A Akinyemi  
 Authorized Representative/Member