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**FLORIDA LIMITED LIABILITY CO.  
FLORIDA ATLANTIC ASTHMA & ALLERGY, PLLC**

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**ARTICLES OF ORGANIZATION**  
**OF**  
**FLORIDA ATLANTIC ASTHMA & ALLERGY, PLLC**

The undersigned desiring to form a professional limited liability company pursuant to Chapters 605 and 621, *Florida Statutes*, hereby states as follows.

**ARTICLE I - NAME**

The name of this professional limited liability company (the "Company") is Florida Atlantic Asthma & Allergy, PLLC.

**ARTICLE II - PRINCIPAL OFFICE AND MAILING ADDRESS**

The street address and mailing address of the principal office of the Company is 2663 S.W. 120<sup>th</sup> Terrace, Gainesville, Florida 32608.

**ARTICLE III - PURPOSE**

The sole purpose of this limited liability company is to provide professional medical services to the public. This limited liability company may engage in any legal and lawful activity authorized under Chapter 621, *Florida Statutes*.

**ARTICLE IV - REGISTERED AGENT AND OFFICE**

The name and street address of the initial registered agent for service of process in the State of Florida for the Company is Raymond C. Veras, M.D., whose address is 2663 S.W. 120<sup>th</sup> Terrace, Gainesville, Florida 32608.

**ARTICLE V - MANAGERS**

The name and address of the manager(s) of the Company are:

Raymond C. Veras, M.D.	2663 S.W. 120 <sup>th</sup> Terrace Gainesville, Florida 32608
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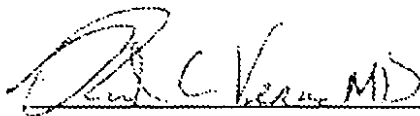
**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR  
DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS  
STATE NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**

Pursuant to Section 605.0113, *Florida Statutes*, the following is submitted in compliance with the Florida Revised Limited Liability Company Act:

FIRST, that Florida Atlantic Asthma & Allergy, PLLC, desiring to organize under the laws of the State of Florida, with its principal office as indicated by the Articles of Organization in Gainesville, Florida has named Raymond C. Veras, M.D., 2663 S.W. 120<sup>th</sup> Terrace, Gainesville, Florida 32608, as its agent to accept service of process within this State.

**ACKNOWLEDGMENT**

Having been named to accept service of process for the above stated limited liability company at the place designated in this certificate, I am familiar with the obligations of a registered agent under Chapter 605, *Florida Statutes*, and I hereby accept to act in this capacity and agree to comply with the provisions of said Chapter relative to keeping open said office.

  
\_\_\_\_\_  
Raymond C. Veras, M.D.

IN WITNESS WHEREOF, the undersigned executed these Articles of  
Organization this 10<sup>th</sup> day of November, 2021.

  
RAYMOND C. VERAS, M.D.

Patricia A. Veras, M.D.

(11)