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SECKETARY OF STATE

T. BURCH

WALTER M. ŤOVKACH 🥣

ATTORNEY AT LAW

ALSO ADMITTED IN OHIO & NORTH CAPOLINA TELEPHONE (352) 371-4656

E-MAIL TOVKACH@BELLSQUTH.NET

LLM IN TAXATION

Post Office Box 358731

Gainesville, Florida 32635-8731

December 3, 2021

Secretary of State Division of Corporations Post Office Box 6327 Tallahassee, Florida 32301

Re: NATALIE SNODGRASS, M.D., LLC

Ladies and Gentlemen:

Enclosed please find the original and one (1) copy of the Articles of Organization for the above referenced limited liability company along with our check in the amount of \$155.00 to cover the cost of filing same. Please return the certified copy to this office.

After the original Articles of Organization have been filed, please certify the enclosed copy and return it to me.

Very truly yours,

Wentter M. Tovkach

WMT:kat

enclosure

FILED

ARTICLES OF ORGANIZATION 2021 DEC 10 AM 9: 26 OF SECRETARY OF STATE NATALIE SNODGRASS, M.D., L.L.GALLAHASSEE, FLORIDA

- 1. Name. The name of the limited liability Company (hereinafter referred to as "Company") is: NATALIE SNODGRASS, M.D., L.L.C.
- 2. <u>Existence</u>. The Company shall have perpetual existence **commencing** on January 1, 2022.
- 3. <u>Location</u>. The street address of the principal office and mailing address of the Company is 723 SW 131st Drive, Gainesville, Florida, 32669.
- 4. <u>Purpose</u>. The purpose for which the limited liability company is organized is to practice psychiatry.
- 5. <u>Registered Agent</u>. The initial street address in the State of Florida of the initial registered office of the Company is 723 SW 131st Drive, Gainesville, Florida, 32669, and the name of its initial registered agent at such address is NATALIE SNODGRASS.
- 6. <u>Additional Members</u>. The members may admit such additional members on such terms and conditions as they may unanimously agree.
- 7. <u>Continuation</u>. A majority of the remaining members of the Company shall have the right to continue the Company in existence on the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Company.
- 8. <u>Management</u>. The Company shall be managed by one or more managers as set forth in the Regulations. The initial managers shall serve until the first meeting of the members or until their successor is elected and qualifies. The initial manager is: NATALIE SNODGRASS, and the mailing address is 723 SW 131st Drive, Gainesville, Florida, 32669.
- 9. <u>Limitation on Agency Authority of Members</u>. Pursuant to Section 608.424 of the Florida limited liability Company Act, no member of the Company shall be an agent of the Company solely by virtue of being a member, and no member shall have authority to incur debt or contractual liability on behalf of the Company solely by virtue of being a member, except for the managing member as designated in these Articles.

The undersigned, being an original member of the Company and the registered agent hereinbefore named, for the purpose of forming a Florida limited liability Company to do business both within and without the State of Florida, does make, subscribe, acknowledge and file these Articles, hereby declaring and certifying that the facts herein stated are true and that the undersigned is familiar with and accepts the duties and obligations as registered agent for said Company and accordingly, has executed this document on this day of Lumber 2021.

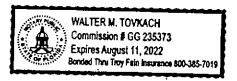
NATALIE SNODGRASS, Organizer/Registered Agent

STATE OF FLORIDA COUNTY OF ALACHUA

Subscribed and sworn to before me this _____ day of ______, 2021 by NATALIE SNODGRASS, who is _____ personally known to me, or _____ who produced _____ as identification.

Notary Public

My Commission Expires:



TALLAHASSEE, FIORICA