

H22000018025

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

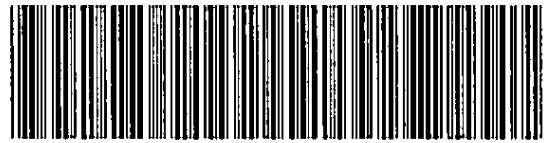
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700379114617

01.11.22--01017--014 *e155.00

CB
11/15/22

2022 JAN 11 PM 10:25
SECRETARY OF STATE
FALLS CHURCH, VA

ARTICLES OF ORGANIZATION

of

OSPINA MEDICAL GROUP, LLC

The undersigned subscriber to these Articles of Organization, a natural person competent to contract, hereby forms a limited liability company under the laws of the State of Florida.

ARTICLE I - ORGANIZATION NAME

The name of the organization is Ospina Medical Group, LLC.

ARTICLE II - DURATION

The limited liability company shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The limited liability company is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida, and to be afforded all the protections of the laws of the State of Florida afforded to limited liability companies.

ARTICLE IV – ORGANIZATION OFFICE

The organization's principal office address shall be as follows:

3219 46th St. N.
St. Petersburg, FL 33713

The organization's mailing address shall be as follows:

3219 46th St. N.

2022 JAN 11 PM 10:25
SEPTEMBER 11
FALL

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the Initial Registered Office and Agent of this Organization is:

Xiomara Ospina
3219 46th St. N.
St. Petersburg, FL 33713

Having been named as registered agent and to accept service of process for the above stated 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.


Xiomara Ospina, Registered Agent

ARTICLE VI - MANAGERS

This organization shall have one (1) manager initially. The number of managers may be either increased or diminished from time to time by the By-Laws but shall never be less than one (1). The name and address of the initial manager of the organization is as follows:

Xiomara Ospina
3219 46th St. N.
St. Petersburg, FL 33713

ARTICLE VII – EMAIL CONTACT INFORMATION

The organization's email address shall be ospinaxiomara@hotmail.com

2022 JAN 11 PM 10:25
SECRETARY'S OFFICE
FALLS CHURCH, VA

ARTICLE VIII - SIGNER

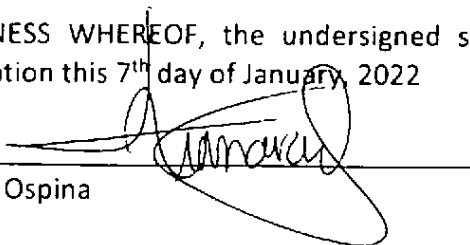
The name and address of the person signing these Articles of Organization is as follows:

Xiomara Ospina
3219 46th St. N.
St. Petersburg, FL 33713

ARTICLE IX – MANAGEMENT

The Limited Liability Company is to be managed by one or more managers who are also members and is, therefore, a member – managed company.

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Organization this 7th day of January, 2022

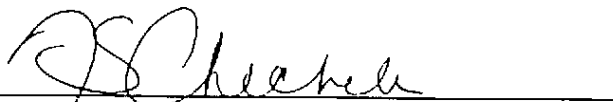


Xiomara Ospina

STATE OF FLORIDA
COUNTY OF PINELLAS

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Xiomara Ospina, known to me to be the person who executed the foregoing Articles of Organization, or who presented FL Dr. License as identification, and who acknowledged before me that she executed these Articles of Organization.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this 7th day of January, 2022



Notary Public, State of Florida at Large
My Commission Expires:

2022 JAN 11 PM 1:25
STATE OF FLORIDA
TALLahassee

