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(City/State/Zip/Phone #)

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(Business Entity Name)

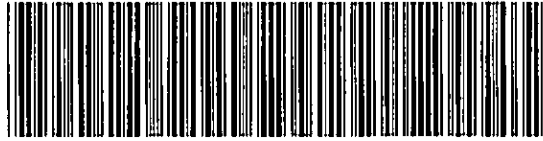
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**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** WEISBERG ELECTROPHYSIOLOGY, PLLC  
\_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ian Weisberg  
\_\_\_\_\_  
Name of Person  
  
Weisberg Electrophysiology, PLLC  
\_\_\_\_\_  
Firm/Company  
  
154 Baywind Drive  
\_\_\_\_\_  
Address  
  
Niceville, Florida 32578  
\_\_\_\_\_  
City/State and Zip Code  
  
ian.weisberg@gmail.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven C. Pearson                      251                      405-1300  
\_\_\_\_\_.at (\_\_\_\_\_) \_\_\_\_\_  
Name of Person                      Area Code                      Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy  
(additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy  
(additional copy is enclosed)

**Mailing Address**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**ARTICLES OF ORGANIZATION**  
**OF**  
**WEISBERG ELECTROPHYSIOLOGY, PLLC,**  
**a Florida Professional Limited Liability Company**

The undersigned, being the sole member of the limited liability company referred to herein, executes and files these Articles of Organization and states as follows:

**ARTICLE I – NAME**

The name of this limited liability company is WEISBERG ELECTROPHYSIOLOGY, PLLC (hereinafter, the “Company”).

**ARTICLE II – EFFECTIVE DATE AND DURATION**

This effective date of these Articles of Organization shall be the date of filing of these Articles of Organization and the Company’s duration shall be perpetual.

**ARTICLE III – PURPOSE AND POWERS**

The Company is organized for the sole purpose of practicing medicine in the State of Florida. The Company shall have all of the powers enumerated in the Florida Revised Limited Liability Company Act, Chapter 605 and Chapter 621, Florida Statutes, as such chapter presently exists or may hereinafter be amended.

**ARTICLE IV – PRINCIPAL OFFICE AND MAILING ADDRESS**

The principal office and mailing address of the Company is:

154 Baywind Drive  
Niceville, Florida 32578

**ARTICLE V – INITIAL REGISTERED AGENT**

The name and street address of the initial registered agent of the Company is:

Ian Weisberg  
154 Baywind Drive  
Niceville, Florida 32578.

22 JAN 2011 11:12 AM  
FLORIDA STATE ARCHIVES

**ARTICLE VI – MANAGEMENT**

The Company shall be a member-managed limited liability company.

IN WITNESS WHEREOF, the undersigned sole member of the Company executed these Articles of Organization this 14 day of December, 2021.

Ian Weisberg  
Ian Weisberg  
Sole Member

**REGISTERED AGENT ACCEPTANCE**

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in the Articles of Organization, 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, Florida Statutes.

Ian Weisberg  
IAN WEISBERG  
Date: December 14, 2021