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To:

Division of Corporations

Fax Number

17278881294

: (850)617-6381

From:

Account Name : FL PATEL LAW PLLC

Account Number : I20170000097 : (727)279-5037

Fax Number : (727)888-1294

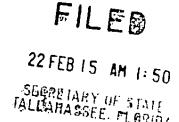
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. Support@flpatellaw.com

Email Address:

FLORIDA LIMITED LIABILITY CO.

Elite Medical Management & Associates, LLC

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





COVER LETTER

Tuesday, February 15, 2022

To: New Filing Section
Division of Corporation

Subject: ELITE MEDICAL MANAGEMENT & ASSOCIATES, LLC

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:

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

For further information concerning this matter, please call or e-mail: Ada Reyes 727-279-5037 or e-mail at Support@flpatellaw.com

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

FL Patel Law PLLC

ARTICLES OF ORGANIZATION

FOR

ELITE MEDICAL MANAGEMENT & ASSOCIATES, LLC A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1. Name

The name of the Limited Liability Company is: Elite Medical Management & Associates, LLC (the "Company").

ARTICLE II.

The principal office and mailing address of the Company is:

202 Nathey Avenue Niceville, Florida 32578

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 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.



pg 3 of 4

ARTICLE IV. Authorized Members and Managers

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

<u>Title</u>	Name and Address
AMBR = Authorized Member MGR = Manager	
MGR	Rose Michel Paulk 202 Nathey Avenue Niceville, Florida 32578
MGR	Emma Cull 202 Nathey Avenue Niceville, Florida 32578

ARTICLE V.

The Effective date shall be the date of filing.

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.

> Rose Michel Paulk Authorized Representative/Member