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 Florida Department of State  
 Division of Corporations  
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To:  
 Division of Corporations  
 Fax Number : (850)617-6381

From:  
 Account Name : FL PATEL LAW PLLC  
 Account Number : I20170000097  
 Phone : (727)279-5037  
 Fax Number : (727)888-1294

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**FLORIDA LIMITED LIABILITY CO.**  
**Elite Medical Management & Associates, LLC**

Certificate of Status	1
Certified Copy	0
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## 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  
8<sup>th</sup> 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 I.**

**Name**

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

**ARTICLE II.**

**Address**

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.*

*Ada Reyes*

(sign)

FLP RA Services LLC

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

**ARTICLE V.**

The Effective date shall be the date of filing.

 (sign)

**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

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