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Florida Department of State
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FLORIDA LIMITED LIABILITY CO.
Coastline Surgical Group, PLLC

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

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COVER LETTER

Thursday, February 17, 2022

To: New Filing Section
Division of Corporation

Subject:
COASTLINE SURGICAL GROUP, PLLC
Name of Professional 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:
Jamic Primeau 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

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**ARTICLES OF ORGANIZATION
FOR
COASTLINE SURGICAL GROUP, PLLC
A FLORIDA PROFESSIONAL LIMITED LIABILITY COMPANY**

**ARTICLE I.
Name**

The name of the Professional Limited Liability Company is: Coastline Surgical Group, PLLC (the "Company").

**ARTICLE II.
Address**

The principal office and mailing address of the Company is:

4291 S. Tamiami Trail
#1020
Venice, FL 34293

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 Professional 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

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ARTICLE IV.
Area of Practice

The area of professional service of the Company is limited to the practice of Medicine.

ARTICLE V.
Authorized Members and Managers

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

<u>Title</u>	<u>Name and Address</u>
AMBR = Authorized Member MGR = Manager	
<u>MGR</u>	Shea G Jones 4291 S. Tamiami Trail #1020 Venice, FL 34293

ARTICLE VI.

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.

Shea G Jones

Authorized Representative/Member

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