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Certified Copies	Certificates of	of Status
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Special Instructions to F	iling Officer:	

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## **WALK IN**

	P	PICK UP:	03/02/2022	
	CERTIFIED COPY			 ···
X	х РНОТОСОРУ			 
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X	x FILING	LLC		
1.	Southwest Florida (CORPORATE NAME AND DO	Pelvic Health	n Clinic, LLC	
2.	(CORPORATE NAME AND DO	OCUMENT #)		
3.	(CORPORATE NAME AND DO	OCUMENT #)		 
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5.	(CORPORATE NAME AND DO	OCUMENT #)		 
6.	(CORPORATE NAME AND DO	OCUMENT #)		 
SPECI INSTR	AL RUCTIONS:			

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The name of the Limited Liabil	lity Company is:			2900 to -	
				70727 8-2 AM	11:00
Southwest Florida	Pelvic Health Clinic, L	LC			
	tain the words "Limited		, "L.L.C.," or "LLC.")	- WASSEE	STATE
ARTICLE II - Address:				- W 103EE	·FL
The mailing address and street	address of the principal	office of the Limited	Liability Company is:		
<u>Princi</u>	pal Office Address:		Mailing Ad	<u>ldress</u> :	
6070 Standing Oak	s Lane	607	0 Standing Oaks Lane		
Naples, FL 34119		Nap	oles, FL 34119		
		<del></del>	<del>-</del>		
ARTICLE III - Registered Ap	gent, Registered Office.	& Registered Age	nt's Signature		
(The Limited Liability Compan	y cannot serve as its own	n Registered Agent.	You must designate an	individual or	
another business entity with an	active Florida registrati	on.)	· · · · · · · · · · · · · · · · · · ·		
The name and the Florida stree	t address of the registere	d agent are:			
	Jeff Novatt, Esq.				
		Name	·		
	1415 Panther Lane,	Suite 432			
	Florida street addre		cceptable)		
	Naples_	FL	34109		
	City	State	Zip		
lavina heen named as registered	Logget and to second with				
laving been named as registered lace designated in this certificate	agent and to accept serve.  I hereby accept the ani	rice of process for the	e above stated limited lie	ability company at the	
laving been named as registered place designated in this certificate urther agree to comply with the p	e. I hereby accept the app provisions of all statutes r	pointment as register relating to the proper	ed agent and agree to a · and complete perform	ct in this capacity. I ance of my duties, and I	
laving been named as registered clace designated in this certificate arther agree to comply with the p om familiar with and accept the o	e. I hereby accept the app provisions of all statutes r	pointment as register relating to the proper	ed agent and agree to a · and complete perform	ct in this capacity. I ance of my duties, and I	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list ocument's effective date on the Department of State's records.	<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
MGR  Jacob Nassberg 6070 Standing Oaks Lane Naples, FL 34119  (Use attachment if necessary)  (OPTIONAL)  effective date, if other than the date of filing:  (In the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list occurrent's effective date on the Department of State's records.  CLE VI: Other provisions, if any, imited liability company is a manager-managed limited liability company.  REOUIRED SIGNATURE:  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.  Jeff Novatt, Esq., Authorized Representative		
(Use attachment if necessary)  (OPTIONAL)  effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days it of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be his occument's effective date on the Department of State's records.  CLE VI: Other provisions, if any, imited liability company is a manager-managed limited liability company is a manager-managed limited liability company.  REOUIRED SIGNATURE:  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.  Jeff Novatt, Esq., Authorized Representative		Jacob Nassberg
Naples, FL 34119  (Use attachment if necessary)  (Use attachment if necessary)  (Use attachment if necessary)  (Use attachment if necessary)  (CLE V: Effective date, if other than the date of filing:		
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-