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Division of Corporations

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
COMMERCIAL SERVICES

**FLORIDA LIMITED LIABILITY CO.****Maxillofacial Consultants of Jacksonville LLC**

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

FLORIDA DEPARTMENT OF STATE  
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Audit # H22000112985  
**ARTICLES OF ORGANIZATION FOR FLORIDA  
LIMITED LIABILITY COMPANY**

**ARTICLE I**

**Name and Address**

The name of this Limited Liability Company is:

**Maxillofacial Consultants of Jacksonville LLC**

The mailing address and street address of the Limited Liability Company are:

**1317 Sunset View Lane  
Jacksonville, FL 32207**

**ARTICLE II**

**Term of Existence**

This Limited Liability Company shall have perpetual existence, commencing upon the date of filing of these Articles with the Florida Department of State.

**ARTICLE III**

**Purpose and Powers**

This Limited Liability Company is organized for the purpose of transacting any and all lawful business for which a Limited Liability Company may be organized under the laws of the State of Florida.

**ARTICLE IV**

**Powers**

The Limited Liability Company shall have the powers granted to a Limited Liability Company under the laws of the State of Florida.

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This form was prepared with the assistance of CourtAccess Centers LLC, a non-lawyer located at 13046 Race Track Road, Suite 131, Tampa, FL 33626, 813-875-1333.

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**ARTICLE V**  
**Initial Registered Office and Agent**

The street address of the initial registered office of this Limited Liability Company is:

**1317 Sunset View Lane  
Jacksonville, FL 32207**

and the name of its registered agent at such address is:

**Dr. Tirbod Fattahi**

**ARTICLE VI**  
**Management**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Name and Address**

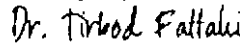
**Dr. Tirbod Fattahi, Authorized Member  
1317 Sunset View Lane  
Jacksonville, FL 32207**

**Dr. Rui Fernandes, Authorized Member  
1317 Sunset View Lane  
Jacksonville, FL 32207**

**Dr. Salam Salman, Authorized Member  
1317 Sunset View Lane  
Jacksonville, FL 32207**

Dated: Monday, March 28, 2022

DocuSigned by:



Dr. Tirbod Fattahi, Authorized Member

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
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JACKSONVILLE, FLORIDA

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**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.**

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**ACCEPTANCE BY REGISTERED AGENT**

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..

Date: March 28, 2022

DocuSigned by:

Dr. Tirbod Fattahi

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Dr. Tirbod Fattahi

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