

L22 000254051

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

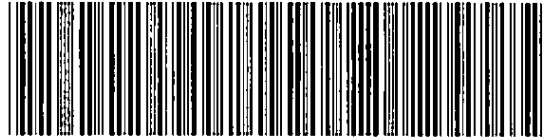
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FL

2022 JUN -7 AM 9:00

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CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
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Date: 06/07/2022

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Name:	MSMC of the Florida Keys LLC
Document #:	
Order #:	14370812

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
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Amount: \$ 160.00

Thank you!

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: MSMC of the Florida Keys, 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:

VALERIE YAP

Name of Person

MOUNT SINAI MEDICAL CENTER OF FLORIDA, INC.

Firm/Company

4300 ALTON ROAD - 5TH FLOOR-WARNER BLDG

Address

MIAMI BEACH, FL 33140

City/State and Zip Code

VALERIE.YAP@MSMC.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VALERIE YAP 305 674-2089
at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☒ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

2022 JUN -7 AM 9: 00

MSMC of the Florida Keys, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

4300 Alton Road

Administration

Miami Beach, FL 33140

4300 Alton Road

Administration

Miami Beach, FL 33140

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

VALERIE YAP

Name

4300 ALTON ROAD - 5TH FLOOR-WARNER BLDG

Florida street address (P.O. Box **NOT** acceptable)

MIAMI BEACH

FL

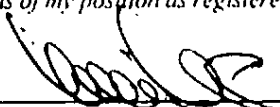
33140

City

State

Zip

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGRM

Mount Sinai Medical Center of Florida, Inc.
4300 ALTON ROAD - 5TH FLOOR-WARNER BLDG
MIAMI BEACH, FL 33140

2022 JUN -7 AM 9:00
SECRETARY OF STATE
TALLAHASSEE FL

FILED

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED 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.

Alex Mendez

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)