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(850) 524-5437 (850) 524-624 PLEASE USE FUND FROM THE ACCOUNT: 120210000160 AMOUNT: \$160.00 Authorization Signature: Seymore Clearly Holdings South, LLC **BUSINESS DOCUMENT #** Walk in Pick up time\_\_\_\_\_ Mail out Will wait Photocopy X Certified Copy X Certificate of Status **NEW FILINGS AMMENDMENTS** Profit Amendment Resignation of R.A. Officer/Director Not for Profit \_X\_Limited Liability Change of Registered Agent Dissolution/Withdrawal Domestication Merger Other Conversion **CORP REGISTERATION/QUALIFICATIONS OTHER FILINGS** \_\_\_ Foreign filing Annual Report \_\_\_\_Limited Partnership Reinstatement Fictitious Name Other APOSTILLE () \_ \_ \_

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

Country

EXAMINER'S INITIALS:

TALLAHASSEE, FL 32309

# COVER LETTER

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SHD IECT	Seymore C	learly Holdings S	outh, LLC			
SUBJECT: Name of Limited Liability Company						
The enclos	ed Articles of	Organization and	fec(s) are sub	mitted fo	r filing.	
Please retu	rn all correspo	ondence concernir	ig this matter t	to the foll	owing:	
	Philip W. Gr	osdidier				
			N	ame of Pe	rson	· · · · · ·
	Fox McClus	key Bush Robisor	ı, PLLC			
			Fi	irm/Comp	pany	
	3461 SE Wii	loughby Blvd.				
		<del> </del>		Address	<del></del> . <del>-</del>	
	Stuart, FL 34	1994				
	danialla@fov	mccluskey.com	City/S	tate and 2	Lip Code	
-			be used for f	uture ann	ual report notificati	on)
For further in	nformation co	ncerning this mat(	er, please call	:		
	Philip W. Gro	osdidier 	772 at (	:	287-4444	
	Nam	e of Person	Area C	Code	Daytime Telephon	e Number
Enclosed is	a check for t	he following amou	int:			
	Filing Fee	□\$130.00 Filin Certificate of S	ng Fcc &	Certified	0 Filing Fee & Copy copy is enclosed)	■\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	New F Divisio P.O. B	g Address iling Section on of Corporations ox 6327	s	No Th 24	reet Address w Filing Section Di e Centre of Tallaha 15 N. Monroe Stree	assee et, Suite 810

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

2022 JUN 17 AM 10: 2

Seymore Clearly Holdings South, LLC	SECNE HARY OF STA
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")	TALLAHASSEE, FL

ARTICLE II - Address:

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

<u>P</u>	rincipal Office Address:		Mailing Address:
1441 East Occ			
Stuart, FL 349	90		
(The Limited Liability Cor another business entity wi	ed Agent, Registered Office, impany cannot serve as its own than active Florida registration street address of the registered	n Registered Agent. \ on.)	it's Signature: You must designate an individual or
	Fox McCluskey Bus	h Robison, PLLC	
		Name	
	3461 SE Willoughby	y Blvd.	
	Florida street address (P.O. Box NOT acceptable)		
	Stuart	FL	34994
	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:

<u>Title:</u> "AMBR" = Authorized Mea	Name and Address:	
"MGR" = Manager  MGR	Richard E. Seith, MD 1441 East Ocean Blvd, Stuart, FL 34996	
<u>MGR</u>	Carrie A. Palmer, MD 1441 East Ocean Blvd. Stuart, FL 34996	SELALL AH
		7 AM 10: 23
(Use attachment if necessar	у)	
If an effective date is listed, the dat the date of filing.)	than the date of filing:  e must be specific and cannot be more than five ck does not meet the applicable statutory filing re Department of State's records.	e business days prior to or 90 days after
	ny. iability copmany, and the initial managers are Ri	
REQUIRED SIGNATUR	E:	
	ature of a member or an authorized representa	ative of a member.

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.

Philip W. Grosdidier, Authorized Representative

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)