

L22 000295292

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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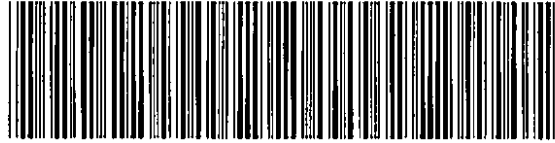
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

**CT CORP**  
**3458 Lakeshore Drive, Tallahassee, FL 32312**  
**850-656-4724**

**Date:** 06/30/2022

Acc#I20160000072

*en: c DW*

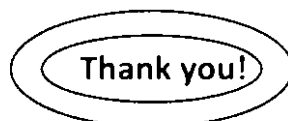
|             |                          |
|-------------|--------------------------|
| Name:       | Aria Podiatry Care, PLLC |
| Document #: |                          |
| Order #:    | 14420951                 |

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| Amount: \$ | 155.00 |
|------------|--------|



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

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Aria Podiatry Care, PLLC

(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:

8500 W. 110th Street, Suite 450

Overland Park, KS 66210

8500 W. 110th Street, Suite 450

Overland Park, KS 66210

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:

C T Corporation System

Name

1200 South Pine Island Road

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

Plantation

Florida

33324

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..*

C T Corporation System

By:

Registered Agent's Signature (REQUIRED)

*Nichol McCroy*

Nichol McCroy, Asst. Secretary

(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:**

MGR

John Rosenbaum  
8500 W. 110th Street, Suite 450  
Overland Park, KS 66210

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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SIGNED  
KILLIAN  
SECRET

(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.

The professional services being provided are podiatry services.  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

DocuSigned by:

John Rosenbaum

89CEAFCEB93CE47C

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.

John Rosenbaum

John Rosenbaum

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)