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From:

Account Name : FL PATEL LAW PLLC
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Phone : (727)279-5037
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jmcgeachy.ufl@gmail.com

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FLORIDA LIMITED LIABILITY CO.
North Tampa Executive Health, PLLC

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|-----------------------|----------|
| Certificate of Status | 1 |
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TALLAHASSEE, FLORIDA

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COVER LETTER

Thursday, July 28, 2022

To: New Filing Section
Division of Corporation

Subject:
NORTH TAMPA EXECUTIVE HEALTH, PLLC
Name of Professional 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:

FL Patel Law PLLC
360 Central Avenue
8th Floor
St. Petersburg, Florida 33701
Fax: 727-888-1294

For further information concerning this matter, please call or e-mail:
Jamie Primeau [727-279-5037](tel:727-279-5037) or e-mail at Support@flpatellaw.com

Enclosed is our fax filing coversheet for \$130.00 for Filing Fee & Certificate of Status

FL Patel Law PLLC

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
FOR
NORTH TAMPA EXECUTIVE HEALTH, PLLC
A FLORIDA PROFESSIONAL LIMITED LIABILITY COMPANY**

**ARTICLE I.
Name**

The name of the Professional Limited Liability Company is: North Tampa Executive Health, PLLC (the “Company”).

**ARTICLE II.
Address**

The principal office and mailing address of the Company is:

1240 South Broad St #192
Brooksville, FL 34601

**ARTICLE III.
Registered Agent, Registered Office, & Registered Agent’s Signature**

The name and the Florida Street Address of the Registered Agent are:

FLP RA Services LLC
360 Central Avenue
Suite 800
Saint Petersburg, FL 33701

Having been named as Registered Agent and to accept service of process for the above stated Professional 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.

Ada Reyes

FLP RA Services LLC (sign)

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TAMPA, FLORIDA

ARTICLE IV.
Area of Practice

The area of professional service of the Company is limited to the practice of medicine.

ARTICLE V.
Authorized Members and Managers

The Name and Address of each person authorized to manage and control the Professional Limited Liability Company:

| <u>Title</u> | <u>Name and Address</u> |
|---|--|
| AMBR = Authorized Member MGR = Manager | |
| <u>MGR</u> | Jack C McGeachy 1240 South Broad St #192 Brooksville, FL 34601 |

ARTICLE VI.

The Effective date shall be the date of filing.



(sign)

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.

Jack C McGeachy

Authorized Representative/Member

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TALLAHASSEE, FLORIDA