

9/22/22, 3:14 PM

Division of Corporations

L22000412839
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000329259 3)))



H220003292593ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : HUBCO
Account Number : 104662003400
Phone : (516)935-3940
Fax Number : (516)935-3088

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: CYN919@GMAIL.COM

FLORIDA LIMITED LIABILITY CO.
Imunique Anesthetics LLC

Certificate of Status	1
Certified Copy:	0
Page Count	03
Estimated Charge	\$130.00

2022 SEP 22 PM 3:26

2022 SEP 22 AM 11:39

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

H22000329259

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Imunique Anesthetics LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1823 E De Soto Street
Pensacola, FL 32501

1823 E De Soto Street
Pensacola, FL 32501

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:

Cynthia Ann Gebhart
Name

1823 E De Soto Street
Florida street address (P.O. Box **NOT** acceptable)

Pensacola FL 32501
City 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.

capacity. I am
of my duties.

Cynthia Ann Gebhart

Registered Agent's Signature (REQUIRED)

Cynthia Ann Gebhart

(CONTINUED)

2022 SEP 22 AM 11:39
FILED

