# L22000427844

|                         | (Requestor's Name)       |
|-------------------------|--------------------------|
|                         |                          |
|                         | (Address)                |
|                         | (Modicas)                |
|                         |                          |
|                         | (Address)                |
|                         |                          |
|                         | (City/State/Zip/Phone #) |
|                         |                          |
| PICK-UP                 | WAIT MAIL                |
|                         |                          |
|                         | (Business Entity Name)   |
|                         |                          |
|                         | (Document Number)        |
| ,                       | (·,                      |
|                         |                          |
| Селified Copies         | Certificates of Status   |
|                         |                          |
| Special Instructions to | Filing Officer:          |
| ,                       |                          |
| i.                      |                          |
|                         |                          |
|                         |                          |
|                         |                          |
|                         |                          |
|                         |                          |
|                         |                          |

Office Use Only



300395487943

S. CHATHAM

OCT - 5 2022

10/04/02--01005--014 \*\*130.00

2022 OCT -- 4 AM 11: 45

22 OCT -4 PH 3: 15

## **CORPORATE** ACCESS, \_\_\_\_

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303 P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

|    |                   | V               | VALK IN     |
|----|-------------------|-----------------|-------------|
|    |                   | PICK UP:        | DANNY 10/4  |
|    | CERTIFIED (       | COPY            |             |
| XX | РНОТОСОРУ         | ·               |             |
| XX | CUS               | <u>G00</u>      | D STANDING  |
| XX | FILING            | PLLC            |             |
|    |                   | <del></del>     |             |
|    | NORTH FLORI       | DA SLEEP RESO   | URCES, PLLC |
| _  | (CORPORATE NAME A | AND DOCUMENT #) |             |
| •  |                   |                 |             |
|    | (CORPORATE NAME A | AND DOCUMENT #) |             |
| _  |                   |                 |             |
| _  | (CORPORATE NAME A | AND DOCUMENT #) |             |
|    |                   |                 |             |
|    |                   |                 |             |
| _  | (CORPORATE NAME A | AND DOCUMENT #) |             |
| _  |                   | AND DOCUMENT #) |             |
| -  |                   |                 |             |
| _  | (CORPORATE NAME A | AND DOCUMENT #) |             |

PLARTcdt NFSRPLART

#### ARTICLES OF ORGANIZATION

OF

# NORTH FLORIDA SLEEP RESOURCES, PLLC A FLORIDA PROFESSIONAL LIMITED LIABILITY COMPANY

Pursuant to the provisions of Chapter 605 and Chapter 621, Florida Statutes, as amended, the following are hereby adopted and filed as the Articles of Organization of this Florida professional limited liability company:

#### ARTICLE I - NAME

The name of this professional limited liability company shall be as follows:

#### North Florida Sleep Resources, PLLC

(hereinafter referred to as the "Company")

## ARTICLE II - INITIAL PRINCIPAL OFFICE

The initial principal place of business of the Company is as follows:

5295 County Road 209 South Green Cove Springs, FL 32043

The initial mailing address of the Company is as follows:

5295 County Road 209 South Green Cove Springs, FL 32043

#### ARTICLE III - DURATION

The Company is to commence its existence on the date of the state of these Articles by the Secretary of the State of the S filing of these Articles by the Secretary of the State of Florida. This Company shall exist perpetually.

#### ARTICLE IV - PURPOSE

This professional limited liability company is organized for the following purposes:

- (a) to treat obstructive sleep apnea with custom fabricated oral appliances; and
- The transaction of any and all other lawful business (b) for which professional limited liability companies may be organized, including but not limited to those powers enumerated in Chapter 605 and Chapter 621, Florida Statutes, as amended, and the doing of all lawful things related thereto.

#### ARTICLE V - MANAGEMENT

This Company will be a Manager-managed Company and will be managed by one (1) Manager initially. The number of Managers may be increased or decreased by the Members from time to time, but shall never be less than one (1). Any and all powers and duties conferred or imposed upon the Manager(s), in addition to those contained in Chapter 605 and Chapter 621, Florida Statutes, as amended, shall be pursuant to the provisions of the Operating Agreement of the Company or pursuant to a duly adopted resolution of the Members. The name and address of the initial Manager is as follows:

Manager:

Kelly T. Standish-Mayo 5295 County Road 209 South Green Cove Springs, FL 32043

## ARTICLE VI - LICENSED MEMBERS

Pursuant to Section 621.09(2), Florida Statutes, all Members of this professional limited liability company shall be duly licensed to perform the same professional services for which this professional limited liability company is organized. Pursuant to Section 621.10, Florida Statutes, any Member, Manager, agent or employee of this professional limited liability company, who has been rendering professional services to the public, and who becomes legally disqualified to render services for the professional limited liability company, or who accepts employment that places restrictions or limitations upon his or her rendering of professional services for the professional limited liability company, shall sever all employment with, and financial interest in, this professional limited liability company.

#### ARTICLE VII - INITIAL REGISTERED AGENT AND OFFICE

The name of the initial registered agent and the street address of the initial registered agent of this Company is as follows:

Max A. Mayo 5295 County Road 209 South Green Cove Springs, FL 32043

#### ARTICLE VIII - RESTRAINT ON TRANSFER

The Members may, by agreement, impose any reasonable restraint on the sale, conveyance, gifting, transfer, encumbrance or alienation of Membership Interests.

#### ARTICLE IX - AMENDMENT

The Members reserve the right to alter, amend or repeal any provisions contained in these Articles of Organization, or to adopt new provisions, and the method for same shall be contained in the Operating Agreement of the Company. These Articles of Organization shall not be amended or repealed without a meeting.

#### END OF PAGE

#### ARTICLE X - AUTHORIZED REPRESENTATIVE

The name and address of the person, authorized by the above named Member, who is signing these Articles of Organization as follows:

David A. King Attorney at Law 1416 Kingsley Avenue Orange Park, FL 32073

IN WITNESS WHEREOF, the undersigned authorized representative has executed these Articles or Organization, this  $28^{\rm th}$  day of September, 2022.

David A. King, Attorney, as authorized representative of the Member named hereinabove.

## CERTIFICATE OF ACCEPTANCE OF REGISTERED AGENT FOR LIMITED LIABILITY COMPANY

Pursuant to Section 605.0113, Florida Statutes, the following is submitted:

North Florida Sleep Resources, PLLC

desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Organization, has named as its Registered Agent to accept service of process within this State:

Max A. Mayo 5295 County Road 209 South Green Cove Springs, FL 32043 DIVISION OF CONTORNATIONS
22 OCT -4 PM 3: 27

#### ACKNOWLEDGEMENT:

Having been named as Registered Agent to accept service of process for the above stated limited liability company, at the place designated in this Certificate, I hereby acknowledge that I am familiar with said laws of the State of Florida, and I hereby agree to act in this capacity, and I agree to comply with the provisions of said laws.

Max A. Mayo