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Florida Department of State

Division of Corporations

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

From:  
Account Name : FL PATEL LAW PLLC  
Account Number : I20170000097  
Phone : (727)279-5037  
Fax Number : (727)888-1294

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***  
Support@flpatellaw.com  
Email Address:

FLORIDA LIMITED LIABILITY CO.

PeaK A&W, PLLC

Certificate of Status	1
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Page Count	03
Estimated Charge	\$130.00

2022 OCT 26 PM 3:26

22 OCT 26 PM 12:35

202



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## COVER LETTER

**Tuesday, October 25, 2022**

To: New Filing Section  
Division of Corporation

Subject:  
**PEAK A&W, 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  
8<sup>th</sup> 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 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**

22 OCT 26 PM 12:35  
FL PATEL LAW PLLC  
360 CENTRAL AVENUE  
ST. PETERSBURG, FL 33701

ARTICLES OF ORGANIZATION

FOR

PEAK A&W, PLLC

A FLORIDA PROFESSIONAL LIMITED LIABILITY COMPANY

ARTICLE I.

Name

The name of the Professional Limited Liability Company is: PeaK A&W, PLLC (the "Company").

ARTICLE II.

Address

The principal office and mailing address of the Company is:

4291 S Tamiami Trail  
#104  
Venice, FL 34293

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

(sign)

FLP RA Services LLC

22 OCT 26 11:42 AM  
FLP RA Services LLC  
360 Central Avenue  
Suite 800  
Saint Petersburg, FL 33701

**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>
<b>AMBR = Authorized Member</b> <b>MGR = Manager</b>	
<u>MGR</u>	Pamela K. McCloskey 4291 S Tamiami Trail #104 Venice, FL 34293

**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.

Pamela K. McCloskey  
 Authorized Representative/Member

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 2018-10-26 12:35 PM  
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