

1/10/23 10:39 AM  
L23000011935  
Division of CorporationsFlorida Department of State  
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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: JACQUELINE.HALL@FLORIDAWOMANCARE.COM

FLORIDA LIMITED LIABILITY CO.  
OBGYN Associates of World Golf, LLC

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

2023 10 FH12:01

23 JAN 10 PM 12:35  
JAN 10 2023

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**OBGYN Associates of World Golf, 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:**

70 Turin Terrace, Suite 200  
St. Augustine, FL 32092

**Mailing Address:**

70 Turin Terrace, Suite 200  
St. Augustine, FL 32092

**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:

Jacqueline Hall  
Name

12 Big Dipper Lane  
Florida street address (P.O. Box **NOT** acceptable)

Palm Coast FL 32137  
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..*

DocuSigned by:

*Jacqueline Hall*

Registered Agent's Signature (REQUIRED)

Jacqueline Hall

(CONTINUED)

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**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

AMBR

**Name and Address:**

Thomas Searle

492 Ocean Forest Drive

St. Augustine, FL 32080

Laila Needham

533 CR 207A

East Palatka, FL 32131

Karen Toppi

44 Heron Drive

Palm Coast, FL 32137

(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.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

DocuSigned by:

Thomas Searle

BBB5F5EEF83345F

**Signature of a member or an authorized representative of a member.**

(In accordance with section 605.0203 (1) (b). Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

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.)

Thomas Searle

Typed or printed name of signee

23 JAN 10 PM 12:35  
NOTARIZED BY  
NOTARY PUBLIC  
STATE OF FLORIDA