

1/10/23, 10:42 AM

Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
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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 Palm Coast, LLC

Certificate of Status	1
Certified Copy	0
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

OBGYN Associates of Palm Coast, 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:**5 Boulder Rock Drive, Suite D
Palm Coast, FL 321375 Boulder Rock Drive, Suite D
Palm Coast, FL 32137**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 LaneFlorida 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

AMBRAMBRAMBR**Name and Address:**Thomas Searle492 Ocean Forest DriveSt. Augustine, FL 32080Laila Needham533 CR 207AEast Palatka, FL 32131Karen Toppi44 Heron DrivePalm 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

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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

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