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Florida Department of State
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To:

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

From:

Account Name : JONES FOSTER P.A.
Account Number : 076077003231
Phone : (561)650-0471
Fax Number : (561)650-5300

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

Email Address: jfservice@jonesfooster.com

FLORIDA LIMITED LIABILITY CO.
Florida Medical FlexPay, LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$155.00 |

2023
Feb 14:26

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**ARTICLES OF ORGANIZATION
FLORIDA MEDICAL FLEXPAY, LLC**

The undersigned hereby acknowledges these Articles of Organization for the purpose of forming a Limited Liability Company under the Florida Revised Limited Liability Company Act, Chapter 605, Laws of Florida.

ARTICLE I

Name

The name of the Limited Liability Company is Florida Medical FlexPay, LLC.

ARTICLE II

Address

The mailing address and street address of the principal office of the Limited Liability Company is: 300 Avenue of the Champions, Suite 240, Palm Beach Gardens, Florida 33418.

ARTICLE III

Registered Agent and Registered Office

The name and the Florida street address of the Registered Agent are:

Jones Foster Service, LLC
505 South Flagler Drive, Suite 1100
West Palm Beach, Florida 33401

ARTICLE IV

Management

The Limited Liability Company will be manager-managed.

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ARTICLE V

Managers

The name and address of the person authorized to manage and control the Limited Liability Company is as follows:

Ronald F. Sellers
300 Avenue of the Champions, Suite 240
Palm Beach Gardens, Florida 33418

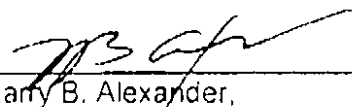
ARTICLE VI

Commencement

The Limited Liability Company shall commence its existence upon filing with the Department of State of the State of Florida.

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.

Date: February 14, 2023



Larry B. Alexander,
Authorized Representative

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FILED
CLERK OF THE COURT
STATE OF FLORIDA
TALLAHASSEE

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CERTIFICATE DESIGNATING PLACE OF
BUSINESS OR DOMICILE FOR THE SERVICE
OF PROCESS WITHIN THIS STATE, NAMING
AGENT UPON WHOM PROCESS MAY BE SERVED


Pursuant to the provisions of Section 605.0113, Florida Statutes, this Limited Liability Company submits the following statement to designate a Registered Office and Registered Agent in the State of Florida:

That Florida Medical FlexPay, LLC, desiring to organize under the laws of the State of Florida, has named JONES FOSTER SERVICE, LLC, located at the Registered Office of the Limited Liability Company at 505 South Flagler Drive, Suite 1100, West Palm Beach, Florida 33401, as its Registered Agent to accept service of process within this state.

ACKNOWLEDGMENT:

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.

JONES FOSTER SERVICE, LLC,
Registered Agent

By  _____
Manager

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