

# L2300007241

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

From:  
Account Name : SHUTTS & BOWEN LLP (ORLANDO)  
Account Number : I20030000004  
Phone : (407)835-6769  
Fax Number : (407)843-4076

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

Email Address: corpmail@shutts.com

**FLORIDA LIMITED LIABILITY CO.  
BK Partners Medical, LLC**

Certificate of Status	0
Certified Copy	0
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2023 FEB 16 PM 5:00  
TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name**

The name of the Limited Liability Company is:

BK PARTNERS MEDICAL, LLC

**ARTICLE II - Address**

The mailing address and the street address of the principal office of the Limited Liability Company is as follows:

14422 Shoreside Way, Suite 130  
Winter Garden, Florida 34787

**ARTICLE III - Management**

The Company shall be managed by one or more managers, and is thus a manager-managed limited liability company. The initial manager shall be Scott T. Boyd.

**ARTICLE IV - Registered Agent and Office and  
Registered Agent's Signature**

The name and the Florida street address of the registered agent are:

CORPORATION COMPANY OF ORLANDO  
300 South Orange Avenue  
Suite 1600 (JGW)  
Orlando, Florida 32801

*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, Florida Statutes.*

CORPORATION COMPANY OF ORLANDO

By: \_\_\_\_\_

(Registered Agent's Signature)  
James C. Willard, President

\_\_\_\_\_  
(Signature of a member or an authorized representative of a member.)

Scott T. Boyd, Authorized Representative

(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, Florida Statutes.)

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