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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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(Business Entity Name)

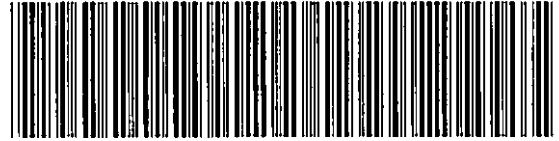
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W23000020898

Office Use Only



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01/27/23--01025--001 **125.00

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SECRETARY OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 15, 2023

RYAN ESSEGAN
11945 SAN JOSE BLVD STE 300
JACKSONVILLE, FL 32223

SUBJECT: NORTH FLORIDA SURGEONS FORT WALTON BEACH 2, LLC
Ref. Number: W23000020898

We have received your document for NORTH FLORIDA SURGEONS FORT WALTON BEACH 2, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The complete document was not received. Please fill out the documents provided.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Karen Lovelace
Regulatory Specialist II

Letter Number: 023A00003660

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TALLAHASSEE, FL

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COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: North Florida Surgeons Fort Walton Beach 2, LLC
Name of 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:

Ryan Essegian

Name of Person

North Florida Surgeons, P.A.

Firm/Company

11945 San Jose Blvd. Suite 300

Address

Jacksonville, FL 32223

City/State and Zip Code

legal@nflsurgeons.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ryan Essegian

904

396-1725 x2062

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section Division
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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TALLAHASSEE, FL

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**ARTICLES OF ORGANIZATION
OF
NORTH FLORIDA SURGEONS FORT WALTON BEACH 2, LLC**

Pursuant to § 605.0201 of the Florida Revised Limited Liability Company Act, Florida Statutes, as amended from time to time (the "Act"), the following are adopted as the Articles of Organization of the limited liability company organized hereby:

**ARTICLE I
NAME**

The name of the limited liability company is North Florida Surgeons Fort Walton Beach 2, LLC (the "Company").

**ARTICLE II
EFFECTIVE DATE AND DURATION**

The effective date upon which the Company shall come into existence shall be the date these Articles of Organization are filed with the Secretary of State. Unless earlier terminated pursuant to the Act or the Operating Agreement (as defined in § 605.0105 of the Act) of the Company, the period of its duration shall be perpetual.

**ARTICLE III
ADDRESS**

The mailing and street address of the principal office of the Company shall be 11945 San Jose Boulevard, Building 300, Jacksonville, Florida 32223.

**ARTICLE IV
REGISTERED AGENT AND OFFICE**

The initial registered office of the Company shall be 11945 San Jose Boulevard, Building 300, Jacksonville, Florida 32223 and its initial registered agent at such office shall be John P. Berlin.

**ARTICLE V
MANAGEMENT OF THE COMPANY**

The Company will be managed by its sole member in accordance with and subject to the requirements of the Act and Operating Agreement of the Company. The name and street address of the sole member of the Company is:

Name

North Florida Surgeons, P.A.

Address

11945 San Jose Boulevard, Building 300
Jacksonville, Florida 32223

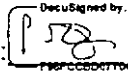
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IN WITNESS WHEREOF, the undersigned Authorized Representative of the Company has executed these Articles of Organization on behalf of the Company in accordance with § 605.0201 of the Act.

Dated 1/18/2023.

North Florida Surgeons, PA.

Its: Sole Member

By:  DocuSigned by:

Paul J. Chappano, M.D., President

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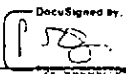
SECRETARY OF STATE
TALLAHASSEE, FL

**CERTIFICATE DESIGNATING REGISTERED OFFICE
AND
REGISTERED AGENT FOR THE SERVICE OF PROCESS
WITHIN FLORIDA**

In compliance with Chapter 605 of the Florida Revised Limited Liability Company Act, Florida Statutes, as amended from time to time (the "Act"), the following is submitted:

North Florida Surgeons Fort Walton Beach 2, LLC, desiring to organize or qualify under the laws of the State of Florida as a limited liability company pursuant to the Act, hereby designates John Berlin as its registered agent to accept service of process within the State of Florida, and the address of its registered office shall be 11945 San Jose Boulevard, Building 300, Jacksonville, Florida 32223.

Dated 1/18/2023.

By:  _____
DocuSigned by:

Paul J. Chappano, M.D., President

Having been named as registered agent to accept service of process for the above stated limited liability company, at the place designated in the certificate, I hereby agree to 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.

Dated 1/18/2023.

By:  _____
DocuSigned by:

John Berlin, Registered Agent

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