

3/9/23, 12:31 PM

Division of Corporations

**L23000114089**

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : NORTH FLORIDA SURGEONS  
Account Number : I20230000028  
Phone : (904)396-1725  
Fax Number : (904)396-5645

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

Email Address: legal@nflsurgeons.com

**FLORIDA LIMITED LIABILITY CO.**  
**North Florida Surgeons Emerald ENT, LLC**

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

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

**SUBJECT:** North Florida Surgeons Emerald ENT, 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

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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

**ARTICLES OF ORGANIZATION  
OF  
NORTH FLORIDA SURGEONS EMERALD ENT, 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 Emerald ENT, 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, Suite 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.

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 3/3/2023.

By:  DocuSigned by  
F08FCC8D82724FC

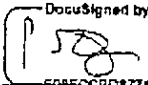
Paul Chappano, M.D., Authorized Representative

**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:

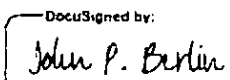
North Florida Surgeons Emerald ENT, LLC, desiring to organize or qualify under the laws of the State of Florida as a limited liability company pursuant to the Act, hereby designates John Berlin as its registered agent to accept service of process within the State of Florida, and the address of its registered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

Dated 3/3/2023.

DocuSigned by:  
By:   
F09FC68D47744FD  
Paul Chappano, M.D., Authorized Representative

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 3/2/2023.

DocuSigned by:  
By:   
A2185254547E1A3  
John Berlin, Registered Agent