

5/8/23, 3:29 PM

L23000227022

Division of Corporations

Florida Department of State

Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000171624 3)))



H230001716243ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.
Doing so will generate another cover sheet.

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

SECRETARY OF STATE
TALLAHASSEE, FL

2023 MAY -8 PM 4:45

FILED

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

Email Address: lega@nfsurgeons.com

RECEIVED

2023 MAY -8 PM 4:35

CORPORATIONS
COMMERCIAL
SERVICES

FLORIDA LIMITED LIABILITY CO.

North Florida Surgeons BPCI-A, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

**ARTICLES OF ORGANIZATION
OF
NORTH FLORIDA SURGEONS BPCI-A, 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 BPCI-A, 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**

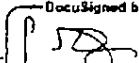
The mailing and street address of the principal office of the Company shall be 11945 San Jose Boulevard, Building 300, Jacksonville, Florida 32223.

**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 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 05/05/2023.

By:  DocuSigned by:

FILED
2023 MAY - 8 PM 4:45
TALLAHASSEE, FL
SECRETARY OF STATE

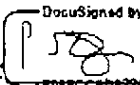
DocuSign Envelope ID: 5F304500-6525-43F4-B0E2-881C51B3EC49

**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 BPCI-A, 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 11945 San Jose Boulevard, Building 300, Jacksonville, Florida 32223.

Dated 05/05/2023.

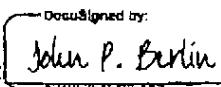
DocuSigned by:
By: 

Paul J. 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 5/5/2023.

Registered Agent:

DocuSigned by:
By: 

John Berlin, Registered Agent

FILED
2023 MAY -8 PM 4:45
SECRETARY OF STATE
TALLAHASSEE, FL