

L23000234805

(Requestor's Name)

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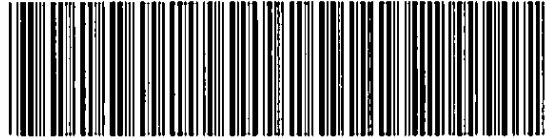
(Business Entity Name)

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S. CHATHAM
MAY 12 2023

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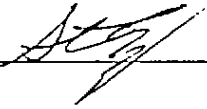
CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

The Silver Doctor, LLC

Please Debit I20000000257 For: 130

Thank you Seth Neeley



Signature

Requested by: SETH 05/11

Name Date Time

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____ Art of Inc. File _____
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____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
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____ Courier _____

ARTICLES OF ORGANIZATION FOR

The Silver Doctor, LLC

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SECTION

The undersigned, for the purpose of forming a company under the Florida Limited Liability Act, hereby adopts the following Articles of Organization.

ARTICLE I: NAME

The name of the company is **The Silver Doctor, LLC**

ARTICLE II: PRINCIPAL OFFICE

The principal office of the company is **900 NE 179th Terrace, Miami, FL 33162-1168**

ARTICLE III: INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is **MAURICE PEKKAR, 900 NE 179th Terrace, Miami, FL 33162-1168**

ARTICLE IV: MANAGEMENT

The name and address of each initial person authorized to manage and control the Limited Liability Company:

**MAURICE PEKKAR, MANAGER & AUTHORIZED MEMBER
900 NE 179th Terrace, Miami, FL 33162-1168**

The undersigned has executed these Articles of Organization for filing purposes this 10th day of May 2023.

/S/ **MAURICE PEKKAR**

Authorized Representative

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SECRET

CERTIFICATE OF DESIGNATION

REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of the Florida Statutes, the mentioned company, organized under the laws of the state of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the company is: **The Silver Doctor, LLC**
2. The name and street address of the registered agent and office is:

MAURICE PEKKAR
900 NE 179th Terrace,
Miami, FL 33162-1168

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HAVE BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED 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.

/S/ MAURICE PEKKAR

MAURICE PEKKAR