

To:

Page: 1 of 4

2023 JUN 06 20:35:03 GMT

12392943731

From: Darren Wallace

6/6/23, 4:35 PM

L23000 27429

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.

((H23000204796 3)))



H230002047963ABCD

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 : HENDERSON, FRANKLIN, STARNES & HOLT, P.A.  
Account Number : 075410002172  
Phone : (239)344-1100  
Fax Number : (239)344-1529

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

Email Address: mark@markalexanderccim.com

RECEIVED

2023 JUN -6 PM 4:47

REGISTRATION  
COMMERCIAL  
SERVICES

FLORIDA LIMITED LIABILITY CO.  
CLERMONT MOB, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

FILED  
2023 JUN -6 AM 10:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

FAX AUDIT NO.: H23000204796 3

ARTICLES OF ORGANIZATION  
OF  
CLERMONT MOB, LLC

ARTICLE I-NAME

The name of the limited liability company shall be Clermont MOB, LLC (the "Company").

ARTICLE II-MAILING AND STREET ADDRESS

The mailing and street address of the principal office of the Company is:

14220 ROYAL HARBOUR COURT, PH  
1009  
FORT MYERS, FLORIDA 33908

ARTICLE III-EFFECTIVE DATE

This limited liability company's existence shall commence upon the filing of these Articles and shall terminate as provided for in the Operating Agreement.

ARTICLE IV-INITIAL REGISTERED AGENT AND OFFICE

The name and street address of the initial registered agent of the Company is:

<u>Name</u>	<u>Address</u>
FLETCHER A. REYNOLDS, III	14220 ROYAL HARBOUR COURT, PH 1009 FORT MYERS, FL 33908

ARTICLE V-PURPOSE

The Company shall have unlimited power to engage in and do any lawful act concerning any or all lawful businesses for which limited liability companies may be organized according to the laws of the State of Florida, including all powers and purposes now and hereafter permitted by law to a limited liability company.

ARTICLE VI-MANAGEMENT OF THE COMPANY

The Company shall be managed by not less than one (1) manager (the "Manager") and is, therefore, a manager-managed company. The following is the name and address of the initial Manager who shall serve as the Manager of the Company until his successor is elected and qualified:

FILED  
2023 JUN -6 AM 10:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FAX AUDIT NO.: H23000204796 3

Name

Address

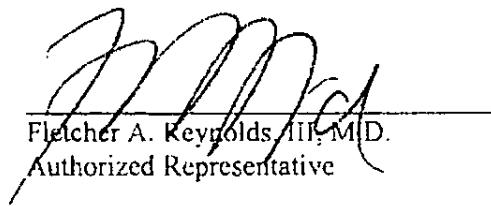
FLETCHER A. REYNOLDS, III

14220 ROYAL HARBOUR COURT, PH 1009  
FORT MYERS, FLORIDA 33908

ARTICLE VII-OPERATING AGREEMENT

The Members shall have the power to adopt, alter, amend, or repeal the Operating Agreement of the Company containing provisions for the regulation and management of the affairs of the Company.

The undersigned, being an authorized representative of the Members of the Company, has executed these Articles of Organization this 6 day of June 2023.

  
Fletcher A. Reynolds, III, M.D.  
Authorized Representative

FAX AUDIT NO.: H23000204796 3

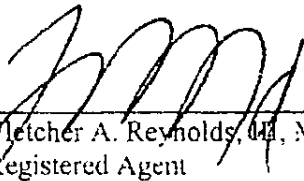
**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is: Clermont MOB, LLC.
- 2. The name and address of the registered agent and office are:

Fletcher A. Reynolds, III  
 14220 Royal Harbour Court,  
 PH 1009  
 Fort Myers, FL 33908

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.

By:   
 \_\_\_\_\_  
 Fletcher A. Reynolds, III, M.D.  
 Registered Agent