

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L23000350258
FILED 8:00 AM
July 25, 2023
Sec. Of State
olsimmons

Article I

The name of the Limited Liability Company is:

PULMONARY AND SLEEP MEDICINE OF CLAY, PLLC

Article II

The street address of the principal office of the Limited Liability Company is:

5000 US HWY 17 S
SUITE 18 #331
FLEMING ISLAND, FL. 32003

The mailing address of the Limited Liability Company is:

5000 US HWY 17 S
SUITE 18 #331
FLEMING ISLAND, FL. 32003

Article III

Other provisions, if any:

THE PRACTICE OF MEDICINE.

Article IV

The name and Florida street address of the registered agent is:

THEODORE J HOVDA III
1543 S SHORE DR
FLEMING ISLAND, FL. 32003

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.

Registered Agent Signature: THEODORE HOVDA III

Article V

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The name and address of person(s) authorized to manage LLC:

Title: AMBR
MARGARET D HOVDA
5000 US HWY 17 S, SUITE 18 #331
FLEMING ISLAND, FL. 32003 US

Title: AMBR
SHEILA I GONZALEZ
5000 US HWY 17 S, SUITE 18 #331
FLEMING ISLAND, FL. 32003 US

Signature of member or an authorized representative

Electronic Signature: MARGARET HOVDA

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.