8/8/23, 2:31 PM

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.

(((H23000275339 3)))



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 : HUBCO

Account Number : 104662003400

: (516)935-3940

Fax Number : (516)935-3088 \*\*\* RESUBMIT \*\*\*

ORIGINALLY FAXED 8/8/23. HAVE NOT RECEIVED

FILED PAPERWORK AND NOT ON SUNBIZ.

THANK YOU!

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

Email Address: JRINOLDO@RJCARUSOTAX.COM

## FLORIDA LIMITED LIABILITY CO. MILANO MEDUSA, PLLC

Certificate of Status Certified Copy 0 Page Count 03 Estimated Charge \$130.00

**1823 AUG 10 FM 123**°

Electronic Filing Menu Corporate Filing Menu

H23000275339

## ARTICLES OF ORGANIZATION FOR

## FLORIDA PROFESSIONAL LIMITED LIABILITY COMPANY

Mailing Address:

ARTICLE I - Name

The name of the Limited Liability Company is: MILANO MEDUSA, PLLC

ARTICLE 11 - Address

Principal Office Address:

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

6 BARRACUDA LANE	6 BARRACU	DA LANE
KEY LARGO, FL 33037	KEY LARGO	, FL 33037
	<del></del>	
ARTICLE III - The purpo follows: NURSE PRACTIT	se for which this Professional Limited IONER	Liability Company is formed is as
ARTICLE IV - Registered The name and Florida street addre	J J	ed Agent's Signature;
	THERESA SETTER	
	Name 6 BARRACUDA LANE	
	(P.O. Box or Mail Drop Box NOT KEY LARGO, FL 33037	Acceptable)  Acceptable)  Acceptable)
	(City / State / Zip)	

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 608, F.S.

Theresa Setter
Therese forton (Agric, 200 x 140 x 140 x 140 x 1

Registered Agent's Signature - THERESA SETTER

H23000275339

ARTICLE V - Manager(s) or Authorized Member(s):
The name and address of each Manager or Authorized Member is as follows:

<u>Title:</u> "MGR" = Manager "AMBR" = Authorized Member	Name and Address:
MGR	THERESA SETTER
	6 BARRACUDA LANE, KEY LARGO, FL 33037
(Use attachment if necessary)	

REQUIRED SIGNATURE:

Theresa Setter

Signature of a member or authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

THERESA SETTER

Typed or printed name of signee

ZOZO AUG TO PH 3: 40