

Division of Corporations

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Florida Department of State

Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : REZLEGAL, LLC
Account Number : 120140000033
Phone : (904) 685-9321
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Amazingspinecare@gmail.com

FLORIDA LIMITED LIABILITY CO.

St. Johns Medical, LLC

Certificate of Status	0
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SECRETARY OF STATE
TALLAHASSEE, FL

2023 SEP -5 AM 8:15

FILED

**ARTICLES OF ORGANIZATION
OF
ST. JOHNS MEDICAL, 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 St. Johns Medical, 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 address of the Company shall be PO BOX 40704, Jacksonville, FL 32203, and the street address of the principal office of the Company shall be 2700 University Blvd., Jacksonville, FL 32217.

**ARTICLE IV
REGISTERED AGENT AND OFFICE**

The initial registered office of the Company shall be 630 Jacksonville Dr., Jacksonville, FL 32250, and its initial registered agent at such office shall be Alan Khiger.

**ARTICLE V
MANAGEMENT OF THE COMPANY**

The Company will be managed by its sole manager in accordance with and subject to the requirements of the Act and the Operating Agreement of the Company. The name and street address of the manager of the Company is:

Name

Address

Alan Khiger

6320 St. Augustine Rd., Jacksonville 32217

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CLERK OF THE
SECRETARY OF
STATE

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: September 5, 2023.

By: DocuSigned by:
ALAN KHIGER
6AFBA3ECB375438
Alan Khiger, Manager

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SECRETARY OF STATE
TALLAHASSEE, FL

**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:

St. Johns Medical, 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 Alan Khiger as its registered agent to accept service of process within the State of Florida, and the address of its registered office shall be 630 Jacksonville Dr., Jacksonville, FL 32250.

Dated: September 5, 2023.

By: DocuSigned by:
ALAN KHIGER
6AF6A3ECB375438
Alan Khiger, Manager

Having been named as registered agent to accept service of process for the above stated limited liability company, at the place designated in this 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: September 5, 2023.

By: DocuSigned by:
ALAN KHIGER
6AF6A3ECB375438
Alan Khiger, Registered Agent

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