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# FLORIDA LIMITED LIABILITY CO. PRIVEE CLINICS BY PROF DR. J LLC

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## AUDIT NO. H23000331755 3

## ARTICLES OF ORGANIZATION

## **OF**

## PRIVEE CLINICS BY PROF DR. J LLC

#### ARTICLE I

The name of the limited liability company formed hereby is PRIVEE CLINICS BY PROF DR. J LLC (the "Limited Liability Company").

#### **ARTICLE II**

The duration of the Limited Liability Company shall be perpetual.

#### ARTICLE III

The principal office and mailing address of the Limited Liability Company shall be as follows:

1395 Brickell Avenue, 14<sup>th</sup> Floor Miami, Florida 33131

#### ARTICLE IV

The Registered Agent of the Limited Liability Company and her street address in the State of Florida are as follows:

Fowler-White Burnett P.A 1395 Brickell Avenue, 14<sup>th</sup> Floor Miami, Florida 33131

## AUDIT NO. H23000331755 3

## ARTICLE V

The Limited Liability Company shall be manager-managed. The name and address of the initial Manager is as follows:

Bankole Johnson 1395 Brickell Avenue, 14<sup>th</sup> Floor Miami, Florida 33131

Alonso Sanchez, Esq

as Authorized Representative of the Members

#### AUDIT NO. H23000331755 3

# CERTIFICATE OF DESIGNATION OF REGISTERED AGENT AND ACCEPTANCE OF DESIGNATION

Pursuant to the provisions of Section 605.0113, Florida Statutes, the undersigned limited liability company organized under the laws of the state of Florida, submits the following statement in designating its Registered Office and Registered Agent in the State of Florida:

- 1. The name of the limited liability company is PRIVEE CLINICS BY PROF DR. J LLC
  - 2. The name and address of the Registered Agent and Office is:

Fowler-White Burnett, P.A. 1395 Brickell Avenue, 14th Floor Miami, Florida 33131

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, F.S.

Alonso Sanchez, Esq as Registered Agent

Date: September 20, 2023

PRIVEE CLINICS BY PROF DR. J LLC

By:\_\_

Alonso Sanchez, Esq.,

as Authorized Representative

of the Members

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