

Florida Department of State
Division of Corporations
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S. CHATHAM
SEP 22 2023

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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: office@nickacpa.com

FLORIDA LIMITED LIABILITY CO.

La Vie Anesthetics PLLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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ARTICLES OF ORGANIZATION
FOR

FLORIDA PROFESSIONAL LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: La Vie Anesthetics PLLC

ARTICLE II - Address

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

Principal Office Address:

15340 S.W. 51ST STREET

MIRAMAR, FL 33027

Mailing Address:

15340 S.W. 51ST STREET

MIRAMAR, FL 33027

ARTICLE III - The purpose for which this Professional Limited Liability Company is formed is as follows: NURSE ANESTHETIST

ARTICLE IV - Registered Agent, Registered Office & Registered Agent's Signature

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

PRISCILLA LEGAGNEUR

Name

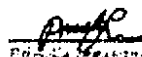
15340 S.W. 51ST STREET

(P.O. Box or Mail Drop Box **NOT** Acceptable)

MIRAMAR, FL 33027

(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.


PRISCILLA LEGAGNEUR**Registered Agent's Signature - PRISCILLA LEGAGNEUR**

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ARTICLE V - Manager(s) or Authorized Member(s):

The name and address of each Manager or Authorized Member is as follows:

Title:

"MGR" = Manager

"AMBR" = Authorized Member

Name and Address:

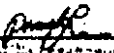
AMBR

PRISCILLA LEGAGNEUR

15340 S.W. 51ST STREET, MIRAMAR, FL 33027

(Use attachment if necessary)

REQUIRED SIGNATURE:


PRISCILLA LEGAGNEUR

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.)

PRICILLA LEGAGNEUR

Typed or printed name of signee

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