

L23000479265
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.

((H23000365660 3)))



H230003656603ABC+

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 : JOHNSON, POPE, BOKOR, RUPPEL & BURNS, LLP.
Account Number : 076666002140
Phone : (727)441-1919
Fax Number : (727)441-8617

RECEIVED
2023 OCT 19 PM 12:21

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

Email Address: LKennerly@JPFIRM.com

FLORIDA LIMITED LIABILITY CO.
HONEYCOMB CLINIC OF MIAMI, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

FILED
2023 OCT 19 PM 3:31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu Corporate Filing Menu Help

ARTICLES OF ORGANIZATION
OF
HONEYCOMB CLINIC MIAMI, LLC

The undersigned Authorized Representative hereby executes these Articles of Organization for the purpose of forming a limited liability company (the "Limited Liability Company") in accordance with the laws of the State of Florida.

ARTICLE I.
NAME

The name of the Limited Liability Company shall be HONEYCOMB CLINIC MIAMI, LLC.

ARTICLE II.
DURATION; EFFECTIVE DATE

This Limited Liability Company shall exist perpetually, effective as of the date of filing these Articles of Organization with the Florida Department of State.

ARTICLE III.
MAILING ADDRESS; PRINCIPAL OFFICE

The address of the principal office and the mailing address of the Limited Liability Company shall be 4825 Alameda Road, Houston, Texas 77004, and such other places as may be designated by the Manager from time to time.

ARTICLE IV.
INITIAL REGISTERED OFFICE AND REGISTERED AGENT

The address of the initial registered office of the Limited Liability Company is 490 1st Avenue South, Suite 700, St. Petersburg, Florida 33701, and the name of the registered agent is Chestnut Business Services, LLC.

ARTICLE V.
PURPOSE

This Limited Liability Company may engage in any activity or business permitted under the laws of the United States of America and of this State.

ARTICLE VI.
MANAGEMENT

The Limited Liability Company shall be a manager-managed limited liability company. The authority, and limitations on such authority, of the Manager(s) shall be specified in the Operating Agreement of the Limited Liability Company. The initial Manager

SECRETARY OF STATE
ALLIANCE SECRETARIAT

2023 OCT 19 PM 3

FILED

of the Limited Liability Company, and the address of said Manager, shall be Latisha T. Rowe, M.D., whose mailing address is 4825 Almeda Road, Houston, Texas 77004.

The undersigned, being the Authorized Representative, hereby certifies that the foregoing constitutes the Articles of Organization of HONEYCOMB CLINIC MIAMI, LLC.

EXECUTED by the undersigned on October 18, 2023.

Latisha Rowe

Latisha T. Rowe, M.D., Authorized Representative

ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT
ACKNOWLEDGMENT OF REGISTERED AGENT

Pursuant to Section 605.0113 of the Florida Statutes, I agree to act in the capacity of registered agent for HONEYCOMB CLINIC MIAMI, LLC and will comply with the provisions of all statutes relative to the proper and complete performance of my duties. I am familiar with and accept the obligations of Section 605.0113 of the Florida Statutes.

DATED this 18 day of October, 2023.

CHESTNUT BUSINESS SERVICES, LLC

By: *Michael D. Magidson*

Michael D. Magidson, Vice President

9177004

2023 OCT 19 PM 3
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED