

# L23000524959

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

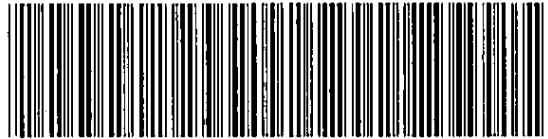
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(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer.

Office Use Only



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SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: \_\_\_\_\_ David W. Rosenbaum, M.D., LLC \_\_\_\_\_  
Name of Limited Liability Company

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following

Mavra Lazo

Name of Person

David W. Rosenbaum, M.D.

Firm/Company

1321 NW 14th Street Suite 202

Address

Miami, FL 33125

City/State and Zip Code

m.lazo@phpmids.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mayra Lazo at (305) 324-0220

Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$160.00 Filing Fee,  
 Certificate of Status &  
 Certified Copy  
 (additional copy is enclosed)

**Mailing Address**

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

Rosenbaum, David W.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

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TALLAHASSEE, FL

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ARTICLE V: Effective date, if other than the date of filing: 11/01/2023 (OPTIONAL)

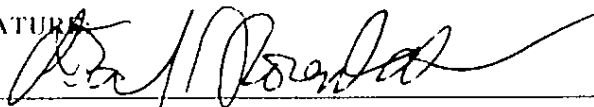
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE**



\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.  
I am aware that any false information submitted in a document to the Department of State  
constitutes a third degree felony as provided for in s.817.155, F.S.

\_\_\_\_\_  
David W. Rosenbaum, MD

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

David W. Rosenbaum, M.D., LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

1321 NW 14th Street  
Suite 202  
Miami, FL 33125

Mailing Address:

1321 NW 14th Street  
Suite 202  
Miami, FL 33125

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

David W. Rosenbaum, MD

Name

1321 NW 14th Street Suite 202

Florida street address (P.O. Box NOT acceptable)

Miami

Florida

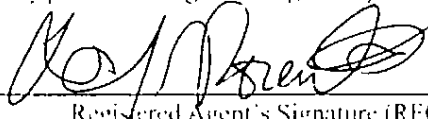
33125

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 605, F.S..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FL

# L23000524959

*David W. Rosenbaum, M.D., P.A., FACP, FCCP*

1321 N.W. 14<sup>th</sup> STREET  
SUITE 202  
MIAMI, FL 33125

TEL. (305) 324-0220

FAX. (305) 545-0790

November 1<sup>st</sup>, 2023

Florida Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Formation of David W. Rosenbaum, M.D., LLC.


Dear Sir or Madam:

The undersigned, as President of David W. Rosenbaum, M.D., P.A., a Florida corporation, Registered under Document Number G81575, hereby authorizes use of the name " David W. Rosenbaum, M.D., LLC.," by a to be formed Florida limited liability company filing Articles of Organization in Florida. Any potential name conflicts are hereby waived.

Thank you.

Sincerely,

David W. Rosenbaum, M.D., P.A.,  
a Florida corporation  
Document Number G81575

By:   
David W Rosenbaum, M.D., President