

To:

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2023-12-06 10:27:21 EST

From: Naomi Ostapowicz

L23000540163

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.

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To:

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

From:

Account Name : ALLSTATE CORPORATE SERVICES CORP  
Account Number : 120040000031  
Phone : (800)906-9220  
Fax Number : (800)906-9880

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

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
CCPHP I LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

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Corporate Filing Menu

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COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: CCPIP 1 LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

NAOMI OSTOPOWITZ  
Name of Person  
REGISTERED AGENT SOLUTIONS, INC.  
Name of Company  
100 WALL STREET, SUITE 1401  
Address  
NEW YORK, NY 10005  
City/State and Zip Code  
CORPORATETEAM5@RASL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

NAOMI OSTOPOWITZ 800 906-9220  
Name of Person at ( ) 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

Street Address  
New Filing Section Division  
The Centre of Tallahassee

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CCPHP 1 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:

150 E. Palmetto Park Rd., Suite 340  
Boca Raton, FL 33432

Mailing Address:

150 E. Palmetto Park Rd., Suite 340  
Boca Raton, FL 33432

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:

Registered Agent Solutions, Inc.

None

2894 Remington Green Ln. Ste. A

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

Tallahassee

FL

32308

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 ~~his~~ 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, FS.*

BY NAOMI OSTOPOWITZ, ASSISTANT SECRETARY ON BEHALF OF REGISTERED AGENT SOLUTIONS, INC.

Registered Agent's Signature **REQUIRED**

(CONTINUED)

2023-12-05 PM 3:59  
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STATE

**ARTICLE IV-**

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

**Title:****Name and Address:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Castle Connolly Private Health Partners, LLC

150 E. Palmetto Park Rd., Suite 340

Boca Raton, FL 33432

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (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:**

/s/ NAOMI OSTOPOWITZ

**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.

NAOMI OSTOPOWITZ, AUTHORIZED PERSON

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)**