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Division of Corporations

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Florida Department of State  
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Email Address: gurmeet.bedi@bedihealthcare.com

**FLORIDA LIMITED LIABILITY CO.  
BEDI MEDICAL ARTS LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
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**ARTICLES OF ORGANIZATION  
OF  
BEDI MEDICAL ARTS LLC**

1. Name. The name of this limited liability company is **BEDI MEDICAL ARTS LLC** (the "Company"), and it shall be formed as a limited liability company under Chapter 605 of the laws of the State of Florida.

2. Place of Principal Office. The street and mailing address of the Company's principal office is **21 Franklin Ct. S., Unit B, Saint Petersburg, Florida 33711.**

3. Registered Agent and Office. The name of the initial registered agent of the Company is **Spoor Law, P.A.** The street address of the initial registered agent of the Company is **877 Executive Center Dr. W., Suite 100, St. Petersburg, Florida 33702.**

4. Management of the Company. The management of the Company shall be vested in the managers of the Company. The name and address of the initial manager of the Company is as follows:

<u>Name</u>	<u>Address</u>	<u>Title</u>
Gurneet Bedi	21 Franklin Ct. S., Unit B Saint Petersburg, Florida 33711	MGR

5. Duration. The Company shall exist from the date of filing of these Articles of Organization with the Florida Secretary of State, and the Company's existence shall be perpetual.

6. Purpose; Operating Agreement. The Company is organized for the purpose of transacting all lawful activities and businesses that may be conducted by a limited liability company under the laws of Florida. The members shall have the power to adopt, alter, amend, or repeal the Operating Agreement of the Company containing provisions for the regulation and management of the affairs of the Company.

The undersigned executed these Articles of Organization this 18<sup>th</sup> day of December, 2023.

In accordance with Section 605.0203(1)(b), *Florida Statutes*, the execution of these Articles constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.



James R. Spoor,  
Authorized Representative of Member

**ACCEPTANCE BY REGISTERED AGENT**

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..

Spoor Law, P.A.



By: \_\_\_\_\_  
James R. Spoor, President

Dated: December 18, 2023