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☐ PICK-UP

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(Business Entity Name)

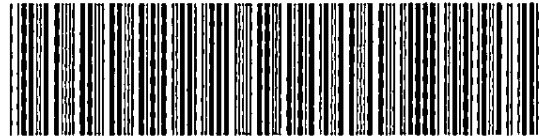
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TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DR

TALLAHASSEE, FL 32309

(850) 524-5437 / (850) 524-6243 / (850) 491-9625

Please use funds from this account: 120210000160: \$125.00

Authorization Signature: Jan Feller :

SLIT MY RISK, PLLC

BUSINESS NAME

DOCUMENT #

☐ Certified Copy

☐ Certificate of Status

NEW FILINGS

☐ Profit Corp

☐ Not for Profit

☒ **PLLC**

☐ Domestication

☐ LLLP

☐ CORP

☐ Other

☐ Other

AMMENDMENTS

☐ Amendment

☐ Resignation of R.A. Officer/Director

☐ Change of Registered Agent

☐ Revocation of Dissolution

☐ Merger

☐ Articles of Conversion

☐ Restated Articles of Incorporation

☐ Statement of Authority

OTHER FILINGS

☐ Apostille

☐ Country

☐ Annual Report

☐ Fictitious Name

REGISTRATION/QUALIFICATIONS

☐ Foreign Filing

☐ Reinstatement

☐ Qualification

☐ Other

EXAMINER'S INITIALS: _____

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☐ Other

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COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Slit My Risk, PLLC
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:

Kristopher D. Robinson

Name of Person

Robinson Collins

Firm/Company

1604 Stockton Street

Address

Jacksonville, FL 32204

City/State and Zip Code

attleseym@gmail.com

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

For further information concerning this matter, please call:

<u>Kristopher D. Robinson</u>	<u>904</u>	<u>483-3857</u>
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

ARTICLES OF ORGANIZATION
OF
SLIT MY RISK, PLLC

Pursuant to (i) the Florida Revised Limited Liability Company Act, Chap. 605, Florida Statutes, and (ii) the Professional Service Corporation and Limited Liability Company Act, Chapter 621 of the Florida Statutes, the following are adopted as the Articles of Organization of the professional limited liability company organized hereby:

ARTICLE I - NAME

The name of the limited liability company (the "Company") shall be Slit My Risk, PLLC.

ARTICLE II - ADDRESS

The mailing address and the street address of the principal office of the Company shall be 13759 Saxon Lake Drive, Jacksonville, Florida 32225.

ARTICLE III - REGISTERED AGENT

The initial registered office of the Company shall be 1604 Stockton Street, Jacksonville, Florida 32204, and its initial registered agent at such office shall be Robinson Collins, P.L.

ARTICLE IV - APPLICABILITY OF CHAPTER 621, FLA. STAT.

The Company elects to be governed by the provisions of the Professional Service Corporation and Limited Liability Company Act, Chapter 621 of the Florida Statutes; and solely through duly licensed medical doctors, the Company shall provide any and all services that a medical doctor, licensed under the laws of the State of Florida, is authorized to render.

ARTICLE V - MANAGEMENT OF THE COMPANY

The Company will be a manager-managed limited liability company, to be managed in accordance with and subject to the requirements of the Act and the Operating Agreement of the Company. The name and address of the initial manager of the Company is as follows:

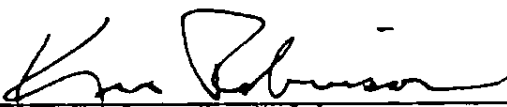
Manager

Mark Attlesey

Address

13759 Saxon Lake Drive
Jacksonville, Florida 32225

Dated this 4th day of January 2024.



Kristopher D. Robinson,
Authorized Representative

2024
S.L.

CERTIFICATE DESIGNATING REGISTERED OFFICE AND REGISTERED
AGENT FOR THE SERVICE OF PROCESS WITHIN FLORIDA

In compliance with Chapter 605 and 621, Florida Statutes, as amended from time to time (the "Acts"), the following is submitted:

Slit My Risk, PLLC, desiring to organize or qualify under the laws of the State of Florida as a limited liability company pursuant to the Acts, hereby designates Robinson Collins, P.L. as its registered agent to accept service of process within the State of Florida and the address of its registered office shall be 1604 Stockton Street, Jacksonville, Florida 32204.

DATED this 4th day of January 2024.


Kristopher D. Robinson,
Authorized Representative

Having been named as registered agent to accept service of process for the above-stated limited liability company, at the place designated in this certificate, the undersigned hereby agrees to accept the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and the undersigned is familiar with and accepts the obligations of its position as registered agent.

DATED this 4th day of January 2024.

ROBINSON COLLINS, P.L.


Kristopher D. Robinson, Manager