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Division of Corporations

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To:

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

From:

Account Name : GP FINANCIAL TAX & ACCOUNTING GROUP PLLC
Account Number : 11998000102
Phone : (954)428-8899
Fax Number : (954)428-6699

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

Email Address:

SPORZAKI@gmail.com

FLORIDA LIMITED LIABILITY CO.
DSB CARDIOLOGY PLLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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Corporate Filing Menu

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Abbreviations:

HS: Host send
HR: Host receive
WS: Waiting send

PL: Polled local
PR: Polled remote
MS: Mailbox save

MP: Mailbox print
RP: Report
FF: Fax Forward

CP: Completed
FA: Fail
TU: Terminated by user

TS: Terminated by system
G3: Group 3
EC: Error Correct

FILED
2024 FEB 23 PM 12:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NS

2024 FEB 23 PM 3:27

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DSB CARDIOLOGY PLLC

(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:7233 SAN SEBASTIAN DRIVE
BOCA RATON, FL 33433Mailing Address:7233 SAN SEBASTIAN DRIVE
BOCA RATON, FL 33433

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:

STEVEN BORZAK

Name

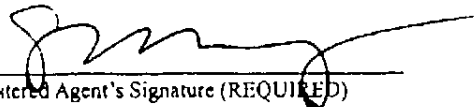
7233 SAN SEBASTIAN DRIVEFlorida street address (P.O. Box **NOT** acceptable)BOCA RATON FL 33433

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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2024 FEB 23 PM 12:40
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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

MGR _____

STEVEN BORZAK
7233 SAN SEBASTIAN DRIVE
BOCA RATON, FL 33433

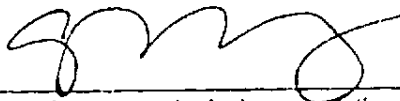
(Use attachment if necessary)

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: CONSULTING

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.

STEVEN BORZAK

Typed or printed name of signer

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)