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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : Ft PATEL LAW PLLC

Account Number : I20170000097

Phone : (727)279-5037

Fax Number

: (727)888-1294

\*\*Enter the email address for this business entity to be used for future:

Support@flpatellaw.com Email Address:

# FLORIDA LIMITED LIABILITY CO.

## IntuitPath PLLC

Certificate of Status	1
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Page Count	02
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### ARTICLES OF ORGANIZATION

#### **FOR**

### **INTUITPATH PLLC**

### A FLORIDA PROFESSIONAL LIMITED LIABILITY COMPANY

# <u>ARTICLE 1.</u>

The name of the Professional Limited Liability Company is: IntuitPath PLLC (the "Company").

# <u>ARTICLE II.</u> Address

The principal office and mailing address of the Company is:

11161 E State Rd 70 Ste 110-517 Lakewood Ranch, FL 34202

# ARTICLE III.

TALLAHASSESTATORIDA Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida Street Address of the Registered Agent are:

FLP RA Services LLC 360 Central Avenue Suite 800 Saint Petersburg, FL 33701

Having been named as Registered Agent and to accept service of process for the above stated Professional 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.

Vishva S Nandu (sign)
FLP RA Services LLC

## **ARTICLE IV.** Area of Practice

The area of professional service of the Company is limited to the practice of medicine.

# ARTICLE V. **Authorized Members and Managers**

The Name and Address of each person authorized to manage and control the Professional Limited Liability Company:

<u>Title</u>	Name and Address
AMBR = Authorized Member MGR = Manager	
MGR	NRT LLC 11161 E State Rd 70 Ste 110-708 Lakewood Ranch, FL 34202

## ARTICLE VI.

The Effective date shall be the date of filing.

Vishva S Nandu

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.

Vishva S Nandu, FL Patel Law PLLC, Authorized Representative Authorized Representative/Member