

***FILE SECOND, AFTER
H24000174310Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet***FILE SECOND, AFTER
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To:

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

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

**Enter the email address for this business entity to be used for future
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Email Address: _____

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**FLORIDA LIMITED LIABILITY CO.
GLAVIC CLINIC LLC**

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Certified Copy	1
Page Count	03
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Electronic Filing Menu

Corporate Filing Menu

Help

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FLORIDA
MS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

H24000174312

ARTICLE I - Name:

The name of the Limited Liability Company is:

Glavic Clinic 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:800 S Douglas Rd., Suite 500
Coral Gables, FL 33134Mailing Address:800 S Douglas Rd., Suite 500
Coral Gables, FL 33134**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:

Corporation Service Company
Name1201 Hays Street
Florida street address (P.O. Box NOT acceptable)Tallahassee FL 32301
City State ZipSECRETARY OF
STATE
TALLAHASSEE, FL

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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.

Corporation Service Company

By: Janet Bistach

Registered Agent's Signature (REQUIRED)

(CONTINUED)

H24000174312

H24000174312

ARTICLE IV-

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

Title: "AMBR" = Authorized Member
"MGR" = Manager

Name and Address:

Starship Health LLC
800 S Douglas Rd., Suite 500, Coral Gables, FL 33134

111

(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/ Nick Novakovic

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.

Nick Novakovic Typed or printed name of signee

Ellinx Ecess;

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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