C

C

C

Note: Please print this page and use it as a cover sheet. Type the fax a idit number (shown below) on the top and bottom of all pages of the docum nt.

(((H24000181477 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FL 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 fir future annual report mailings. Enter only one email address plea e.

Email Address: Support@flpatellaw.com

FLORIDA LIMITED LIABILITY CO. AM8 Medical Group, PLLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu Corporate Filing Menu

Help

FILED 2024 IAY 21 AM 8: 29 TALL, HASSEE, FLORIDA

ARTICLES OF ORGANIZATION

FOR

AM8 MEDICAL GROUP, PLLC

A FLORIDA PROFESSIONAL LIMITED LIABILITY COMPANY

ARTICLE I.

The name of the Professional Limited Liability Company is: AM8 Medical Croup, PLLC (the "Company").

ARTICLE II. Address

The principal office and mailing address of the Company is:

2027 Brightwaters Blvd NE. St Petersburg, FI 33704

ARTICLE III. Registered Agent, Registered Office, & Registered Agent's Sign (ture

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 statea 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 1 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 Pro-essional Limited Liability Company:

<u>Title</u>	Name and Addr ss
AMBR = Authorized Member MGR = Manager	
MGR	Allison Miscik 2027 Brightwaters Blvd NE. St Petersburg, FL 33704

ARTICLE VI.		
The Effective date shall be the date of filing. Allison Wiscik (sign)		
Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b). Florida Stratutes (1) am aware that any false information submitted in a document to the Department of Statutes (2) constitutes a third degree felony as provided for in s.817.155, F.S.		
Allison Miscik		
Authorized Representative/Member		