124000141413

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(0)					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



200429668102

204 JUN - 30 125 JUN - 9: 4.7
CECAL A 1005 AH 9: 4.7
TALLAHASSEE, FL

RECEIVED

CORPORATE ACCESS,

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066)

(850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

		* * * * * * * * * * * * * * * * * * * *		
	PICK UP:	BROOK 5/31		
	CERTIFIED COPY			
XX	РНОТОСОРУ			
	GS			
XX	FILING	LLC		
1.	DOMINION VASCULAR SURGICAL SPECIALISTS, LLC (CORPORATE NAME AND DOCUMENT #)			
2.				
3.	(CORPORATE NAME AND DOCUMENT #)			reacts)
4.	(CORPORATE NAME AND DOCUME)	N°T' #)	1ASSEE, FI	m
r	(CORPORATE NAME AND DOCUMENT #)			
5.	(CORPORATE NAME AND DOCUMENT #)			
6.	(CORPORATE NAME AND DOCUME)	NT #)		
SPECIAI	L INSTRUCTIONS:			

ARTICLES OF ORGANIZATION OF DOMINION VASCULAR SURGICAL SPECIALISTS, LLC

The undersigned, being the Members and Organizers of the Limited Liability Company hereby being formed under the Florida Statutes Annotated Sections 605.0201, do hereby adopt the following Articles of Organization for the Limited Liability Company:

FIRST: The name of the Limited Liability Company is DOMINION VASCULAR SURGICAL SPECIALISTS, LLC

SECOND: The Limited Liability is organized to engage in any lawful act concerning any lawful business, other than banking and insurance, for which a limited liability company may be organized in accordance with the Florida Statutes Annotated Sections 605.0201, including all powers and purposes now and hereafter permitted by law to a limited liability company.

THIRD: The mailing and street address of the principal office of the Limited Liability Company is 4300 W Lake Mary Blvd Ste 1010, Lake Mary, FL 32746.

FOURTH: The street address of the initial registered office of the Limited Liability Company in Florida is 504 Beechwood Ave, Altamonte Springs, FL 32714 and the name of the Initial registered agent of the Limited Liability Company in Florida at that address is Arleen Vazquez.

FIFTH: The members of the Limited Liability Company shall consist of not less than one Member. The name and address of the initial Members are:

Olubunmi Olatayo Esan (AMBR) 4300 W Lake Mary Blvd Ste 1010 Lake Mary, FL 32746 Monisola Victoria Esan (MBR) 4300 W Lake Mary Blvd Ste 1010 Lake Mary, FL 32746

SIXTH: The Limited Liability Company is to be managed by the Members.

IN WITNESS WHEREOF, the Members have executed and acknowledged these Articles of Organization on May 28, 2024.

X Ban
Olubunmi Olatayo Esan

CONSENT TO APPOINTMENT BY REGISTERED AGENT

I, having been named as Registered Agent for DOMINION VASCULAR SURGICAL SPECIALISTS, LLC hereby voluntarily consent to serve as Registered Agent for DOMINION VASCULAR SURGICAL SPECIALISTS, LLC

I know and understand the duties and responsibilities of a Registered Agent as set forth in the Florida Statutes Annotated Sections 605.0201, and I hereby accept those duties and responsibilities.

Dated: May 28, 2024

Arleen Vazquez

2024 JUN -3 AM 5: 47
SECRETARY OF STATE