

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

L240002130643

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

From:  
 Account Name : M. BURR KEIM COMPANY  
 Account Number : I19990000242  
 Phone : (215)563-8113  
 Fax Number : (215)977-9386

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

Email Address: \_\_\_\_\_

RECEIVED  
 2024 JUN 19 PM 3:09  
 CORPORATION'S  
 COMMERCIAL  
 SERVICES

**FLORIDA LIMITED LIABILITY CO.  
 3320 NE 16 Ct., LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	<b>\$125.00</b>

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS  
 2024 JUN 19 PM 4:58

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

3320 NE 16 CL, 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:

Mailing Address:

2301 Desota Drive  
Fort Lauderdale, FL 33301

2301 Desota Drive  
Fort Lauderdale, FL 33301

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:

George L. Martin M.D.

Name

2301 Desota Drive

Florida street address (P.O. Box **NOT** acceptable)

Fort Lauderdale FL 33301

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..*

DocuSigned by:  
  
381074507844PE

Registered Agent's Signature (REQUIRED)

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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 \_\_\_\_\_

George L. Martin M.D.  
2301 Desota Drive  
Fort Lauderdale, FL 33301

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

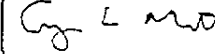
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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 Signed by:



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.

George L. Martin M.D. \_\_\_\_\_

Typed or printed name of signee

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)

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