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Email Address: Lani Paxton <lanipaxton@nationalkidneypartners.com>

FLORIDA LIMITED LIABILITY CO.
Kidney Institute of Florida - NKP, LLC

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FAX COVER SHEET

TO	
COMPANY	
FAX NUMBER	18506176381
FROM	RadhaBachman
DATE	2024-08-09 11:54:08 GMT
RE	Kidney Institute of Florida - NKP, LLC Articles of Organization

COVER MESSAGE

Please see attached for filing. Thank you.

Radha V. Bachman
Founding Partner
Board Certified in Health Law by The Florida Bar



PIERSON FERDINAND

4830 W. Kennedy Blvd., Ste. 600, Tampa, FL 33609
Direct: (813) 200-6114
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**ARTICLES OF ORGANIZATION
OF
KIDNEY INSTITUTE OF FLORIDA - NKP, LLC**

The undersigned subscriber to these Articles of Organization, a natural person competent to contract, does hereby form a limited liability company under the laws of the State of Florida.

**ARTICLE I
Name**

The name of the limited liability company shall be KIDNEY INSTITUTE OF FLORIDA - NKP, LLC.

**ARTICLE II
Initial Principal Office Street and Mailing Address**

The Company's initial principal office street address and mailing address is 14134 Nephron Lane, Hudson, FL 34667.

**Article III
Period of Duration**

The limited liability company shall begin existence on the day of filing, and shall continue in perpetuity, or until dissolved in a manner provided by law or by regulation adopted by the Members of the limited liability company.

**Article IV
Purposes**

The limited liability company may engage in the transaction of any or all lawful business for which limited liability companies may be formed under the laws of the State of Florida.

**Article V
Registered Office and Registered Agent**

The street address of its initial registered office of the Company is 14134 Nephron Lane, Hudson, FL 34667, and the name of its initial registered agent at that address is Lani L. L. Paxton, M.D., Ph.D.

**Article VI
Management**

The management of the limited liability company, unless otherwise provided in the articles of organization or the operating agreement, shall be vested in its Sole Member.

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STATE OF FLORIDA

Article VII
Authorized Representative

The name and address of the authorized representative of the Company is:

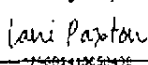
Name:

Lani L. L. Paxton, MD, PhD

Address:

14154 Nephron Lane
Hudson, FL 34667

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization
the 8th day of August 2024.

DocuSigned by

Lani L. L. Paxton, M.D., Ph.D.
Authorized Representative

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ACCEPTANCE BY REGISTERED AGENT

Having been named as registered agent and to accept service of process for the Company, at the place designated as the registered office, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties and is familiar with and accepts the duties and obligations of its position as registered agent.

Dated this 8th day of August 2024.

REGISTERED AGENT:

(Print name)

Lani Paxton

Lani L. L. Paxton, M.D., Ph.D.

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