

U24000 428733

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

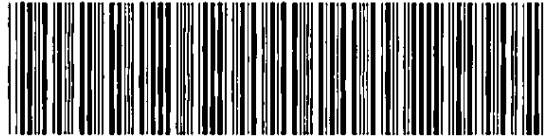
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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SECRETARY OF STATE
TALLAHASSEE, FL



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x62969

To: Department Of State, Division Of Corporations
From: Amanda Miller
Ext: x62969
Date: 10/10/24
Order #: 1642490-2
Re: MILLENNIUM PROVIDER LEASING, PLLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:
120000000195

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

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**ARTICLES OF ORGANIZATION
OF
MILLENNIUM PROVIDER LEASING, PLLC**

1. **Name.** The name of this professional limited liability company is **Millennium Provider Leasing, PLLC** (the "Company"), and it shall be formed as a professional limited liability company under Chapter 621 of the Florida Statutes.

2. **Duration.** The Company's existence shall be perpetual.

3. **Purpose.** The Company is organized for the purpose of transacting all lawful activities and businesses that may be conducted by a professional limited liability company under the laws of Florida.

4. **Address.** The mailing address and the street address of the Company's principal office is 6321 Daniels Parkway, Suite 200, Fort Myers, Florida 33912.

5. **Registered Agent and Registered Office.** The name and the Florida street address of the company's registered agent are Corporation Service Company, 1201 Hays Street, Tallahassee, Florida 32301.

6. **Management.** The Company shall be member managed. The name and address of the sole member of the Company are Arie P. Dosoretz, M.D., 6321 Daniels Parkway, Suite 200, Fort Myers, Florida 33912.

REQUIRED SIGNATURE:

Signed by:

F2E1FC27BF43472

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.

Arie P. Dosoretz, M.D.
Typed or printed name of signee

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ACCEPTANCE BY REGISTERED AGENT

Having been named as registered agent and to accept service of process for the above stated 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 position as registered agent as provided for in Chapter 605, F.S.

CORPORATION SERVICE COMPANY

By: *Am*
Print Name: AMANDA MILLER
Title: _____

CSC FIN-69337

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