

3/23/23, 10:05 AM

Division of Corporations

**L23000134783**

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet

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**FLORIDA LIMITED LIABILITY CO.  
 NERVIA STREET, LLC**

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Nervia Street, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

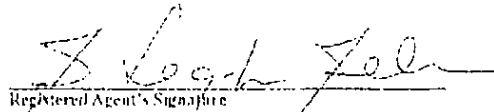
6920 Nervia Street, Coral Gables, Florida 33146

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Dr. Sarah Legorburu-Selem  
6920 Nervia Street  
Coral Gables, Florida 33134

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 608, F.S.

  
Registered Agent's Signature

ARTICLE IV - Management (Check box if applicable)

The Limited Liability Company is to be managed by one manager or more managers and initially shall have two (2) managers, Dr. Sarah Legorburu-Selem and Dr. Phillip J. Newcomb, Jr.

Signature of a member or an authorized representative of a member  
(In accordance with section 608.408(3), Florida Statutes, the execution  
of this affidavit constitutes an affirmation under the penalties of perjury  
that the facts stated herein are true.)

Sarah Legorburu-Selem, MD  
Typed or printed name of signer

Filing Fees  
\$100.00 Filing fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)  
\$ 5.00 Certificate of Status (Optional)

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