

L24000313448

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

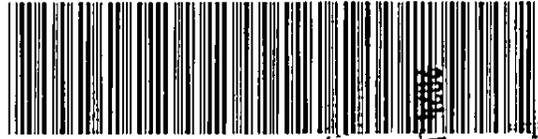
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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JUL 17 2024
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2024 JUL 17 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

To: Department Of State, Division Of Corporations
 From: Amanda Miller
 Ext:
 Date: 07/16/24
 Order #: 1568723-2
 Re: Millennium Independent Provider Network of Georgia, LLC
 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:

I20000000195

AUTH

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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 TALLAHASSEE, FL

ARTICLES OF ORGANIZATION
OF
MILLENNIUM INDEPENDENT PROVIDER NETWORK OF GEORGIA, LLC

1. Name. The name of this limited liability company is Millennium Independent Provider Network of Georgia, LLC (the "Company"), and it shall be formed as a limited liability company under Chapter 605 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 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 David A. Holmes, Farr Law Firm, 99 Nesbit Street, Punta Gorda, FL 33950.

6. Management. The Company shall be member managed. The name and address of the sole member of the Company are Millennium Healthcare Management Services, LLC, 6321 Daniels Parkway, Suite 200, Fort Myers, Florida 33912.

REQUIRED SIGNATURE:

DocuSigned by:
Jeffrey A. Pakrosnis
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.

Jeffrey A. Pakrosnis
Typed or printed name of signee

ACCEPTANCE BY REGISTERED AGENT

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:
David A. Holmes
A2538ACB7EAS4DF

David A. Holmes

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CLERK OF DISTRICT COURT
STATE OF FLORIDA