

LO9000005248

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H09000010369 3)))



H090000103693ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : CLARK, PARTINGTON, HART AND HART
Account Number : 071201002016
Phone : (850) 434-9200
Fax Number : (850) 432-7340

2009 JAN 15 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Wells Family Medicine, PLLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED

09 JAN 15 PM 2:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

A. LUNT^{Help}

JAN 16 2008

EXAMINER

**ARTICLES OF ORGANIZATION OF
WELLS FAMILY MEDICINE, PLLC**

The undersigned, KELLI T. WELLS, M.D., a natural person competent to contract and member of WELLS FAMILY MEDICINE, PLLC, hereby presents these Articles of Organization for the formation of a professional limited liability company under the provisions of Chapters 621 and 608, Florida Statutes.

ARTICLE I

The name of the professional limited liability company is:

WELLS FAMILY MEDICINE, PLLC

This professional limited liability company is referred to in these articles of organization as the "Company."

FILED
2009 JAN 15 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - PRINCIPAL OFFICE ADDRESS

The mailing address and street address of the principal office of the Company is 1717 North "E" Street, Suite 532, Pensacola, Florida 32501.

ARTICLE III - PURPOSES AND POWERS

This Company is organized for the purpose of providing professional medical services and for any other legal and lawful purpose for which a professional limited liability company may be organized and may exercise all powers and rights which a professional limited liability company may exercise under the Professional Service Corporation and Limited Liability Company Act.

ARTICLE IV - COMMENCEMENT AND TERM OF EXISTENCE

The date for commencement of the Company's existence shall be the date these Articles of Organization are filed with the Florida Secretary of State, and the Company shall have a perpetual existence unless the Company is terminated as provided in its Operating Agreement.

ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT

The address of the initial registered office of the Company is 1717 North 'E' Street, Suite 532, Pensacola, Florida, 32501, and the name of the initial registered agent of the Company at that address is Kelli T. Wells, M.D.

ARTICLE VI - MANAGEMENT

The Company shall be managed by its members as provided in the Company's Operating Agreement.

ARTICLE VII - RESTRICTION ON MEMBERSHIP

A member may not sell or otherwise transfer his or her membership interest in the Company until the member has complied with the restrictions contained in the Operating Agreement of the Company.

ARTICLE VIII - AMENDMENT

Unless otherwise provided in the Operating Agreement of the Company, these Articles of Organization or any amendment thereto may be amended in accordance with the Florida Limited Liability Company Act.

IN WITNESS WHEREOF, the undersigned member has executed these Articles of Organization on the date set forth below.

Kelli T. Wells
KELLI T. WELLS, M.D., Member

Date: Jan 8, 2009

2009 JAN 15 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

H09000010369 3

REGISTERED AGENT ACCEPTANCE

I do hereby accept the foregoing designation as registered agent of WELLS FAMILY MEDICINE, PLLC. Further, I am familiar with and accept the duties and obligations of such designation.

Kellen T Wells MD

KELLEN T. WELLS, M.D.

Date: Jan 8, 2009

A0418241

2009 JAN 15 AM 11:07
STATE BOARD OF STATE
PHARMASSEE. FLORIDA
FILED