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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name

: MACFARLANE FERGUSON & MCMULLEN

(CLEARWATER)

Phone

Account Number : 071005001001

Fax Number

: (727)441-8966 : (727) 442-8470

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one smail address please. **

Rmail Address: _ecm.@macfar.com

RECEIVED

FLORIDA LIMITED LIABILITY CO. MPMS Legal Services, LLC

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727 442 8470 P.02

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: MPMS Legal Services, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Emil C. Marquardi, Jr.	
	Name of Person
Macfarlane Ferguson & N	/lcMullen
	Firm/Company
Post Office Box 1669	•
	Address
Clearwater, FL 33757	·
C	Ity/State and Zip Code
ecm@macfar.com	·
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, plea	se call:
Pam Brown	at (727) 441-8966
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times\$\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MPMS Legal Services, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Maning Address:		
300 S. Park Place Blvd.	•	
Suite 170	 _	
Clearwater, FL 33759		
ered Agent. You must designate an indivi	idual or another	,
	EC + RETA AHAS	
	SE -	į
Suite 200		
ress (P.O. Box NOT acceptable)		
_{FL} 33756	DA E	
te, and Zip		
	Suite 170 Clearwater, FL 33759 Office, & Registered Agent's seed Agent. You must designate an individual agistered agent are: Suite 200 Poss (P.O. Box NOT acceptable) FL 33756	300 S. Park Place Blvd. Suite 170 Clearwater, FL 33759 Office, & Registered Agent's Signature: Seed Agent. You must designate an individual or another agistered agent are: Suite 200 Ess (P.O. Box NOT acceptable) FL 33756

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 (REOLE D)

(CONTINUED)

Page 1 of 2

<u> Title:</u>	Name and Address:	SECRE TALLA
"MGR" = Manager	·	
"MGRM" = Managing Member		
MGRM	Donald Pocock, MD - President	
	300 S. Park Place Blvd., Suite 170	
•	Clearwater, FL 33759	
	,	
MGRM	Lou Galdieri - Secretary	
	300 S. Park Place Blvd., Suite 170	
	Clearwater, FL 33759	
MGRM	Glenn Waters	
· · · · · · · · · · · · · · · · · · ·	300 S. Park Place Blvd., Suite 170	
	Clearwater, FL 33759	
MGRM	Stephen Jacobs, MD, FACP	
	300 S. Park Place Blvd., Suite 170	
	Clearwater, FL 33759	,

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

Signature of a member or an authorized representative of a member.

(If an effective date is listed, the date must be specific and cannot be more than five business days prior

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

Emil C. Marquardt, Jr., Attorney

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

DEC-01-2011 14:25

MACFARLANE FERGUSON

727 442 8470 P.05 H11000282243 3

MPMS LEGAL SERVICES, LLC

2011 DEC = 1 AM 7: 48

Addendum to Article IV Managing Members

SECRETARY OF STATES

Title:

Name and Address:

MGRM

Kevin Corrigan, COO

300 S. Park Place Blvd., Suite 170

Clearwater, FL 33759

MGRM

Carl Tremonti - Treasurer

300 S. Park Place Blvd., Suite 170

Clearwater, FL 33759

MGRM

Hal Ziecheck

300 S. Park Place Blvd., Suite 170

Clearwater, FL 33759

MGRM

Kris Hoce

300 S. Park Place Blvd., Suite 170

Clearwater, FL 33759