

# L12000105222

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

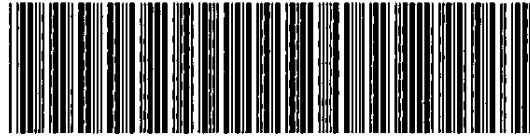
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08/14/12--01022--007 \*\*160.00

EFFECTIVE DATE 08-07-12

**FILED**  
12 AUG 14 PM 2:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK  
AUG 15 2012  
EXAMINER

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: NBO Medical of Florida, 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:

Don Radke, COO

Name of Person

PND Michigan Holdings, Inc

Firm/Company

3410 Bell Chase Way, Ste 600

Address

Lansing, MI 48911

City/State and Zip Code

DRadke@nbomedical.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Don Radke

Name of Person

at ( 517 ) 927-9491

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$130.00 Filing Fee &  
Certificate of Status

\$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

\$160.00 Filing Fee &  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

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TALLAHASSEE, FLORIDA  
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**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:

NBO Medical of Florida, 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:

**Principal Office Address:**

**Mailing Address:**

90 Cypress Way E.  
#60  
Naples, FL 34110

3410 Bell Chase Way  
Ste #600  
Lansing, MI 48911

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Paul DeWeese, MD  
Name

90 Cypress Way E, #60  
Florida street address (P.O. Box **NOT** acceptable)  
Naples FL 34110  
City, State, and Zip

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*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.*

Paul DeWeese MD

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR \_\_\_\_\_

PND Michigan Holdings, Inc  
3410 Belle Chase Way, Ste 600  
Lansing, MI 48911

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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: August 7, 2012. (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

Paul DeWeese MD  
Signature of a member or an authorized representative of a member.

(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.)

Paul DeWeese, MD

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)