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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

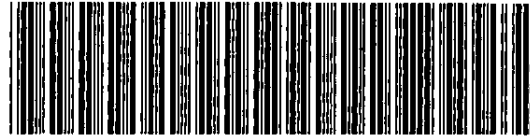
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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J. Stivers FEB 12 2015

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Pensacola, FL 32502
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Toll Free (800) 977-9733
Tele Fax (850) 244-8428

February 2, 2015

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

SUBJECT: Emerald Coast Medical Consultants, LLC

Enclosed please find original Articles of Emerald Coast Medical Consultants, LLC to be filed along with our firm check in the amount of \$160.00, to include the \$125.00 filing fee, \$30.00 certified copy of record fee and \$5.00 certificate of status fee.

I have also enclosed a stamped self-addressed envelope for return of the documents. Please return all correspondence concerning this matter to the following:

Miranda Simpson Yancey
Law Office of J. Mark Fisher
181 Eglin Pkwy, NE
Fort Walton Beach, FL 32548

Please call me if you have any questions.

Sincerely,



Miranda Simpson Yancey

MSY

**ARTICLES OF ORGANIZATION OF
Emerald Coast Medical Consultants, LLC**

ARTICLE I. Name

The name of the Limited Liability Company is **Emerald Coast Medical Consultants, LLC**.

ARTICLE II. Address

The mailing address and street address of the principal office of **Emerald Coast Medical Consultants, LLC** is:

Principal Office Address:
131 E. Redstone Avenue, Suite 110
Crestview, Florida 32539

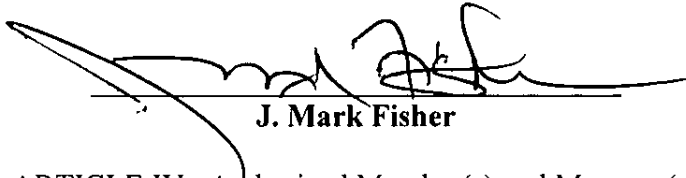
Mailing Address:
4460 Clipper Cove
Destin, Florida 32541

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:

J. Mark Fisher
181 Eglin Parkway NE, Fort Walton Beach, Florida 32548

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.


J. Mark Fisher

ARTICLE IV. Authorized Member(s) and Manager(s)

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:
"AMGR" = Authorized Member
"MGR" = Manager

Name and Address:

AMGR

GINGER L. MANOS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
15 FEB -5 AM 9:54
31660

4460 Clipper Cove, Destin, Florida 32541

ARTICLE V. Effective Date

If other than the date of filing: _____ (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.)

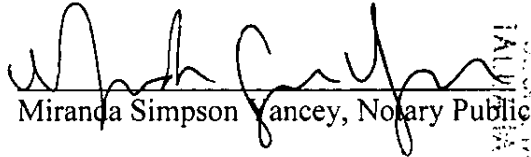
REQUIRED SIGNATURE:

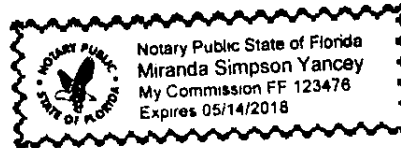

GINGER L. MANOS

(In accordance with section 605.0203 (1) (b), 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.)

STATE OF FLORIDA
COUNTY OF OKALOOSA

Sworn to and subscribed before me, by **GINGER L. MANOS** on February 2, 2015.


Miranda Simpson Yancey, Notary Public



This Instrument prepared by:
J. Mark Fisher, Esq., 181 Eglin Pkwy, NE
Ft. Walton Beach, FL 32548
(850) 244-8989 or Toll Free 1-800-977-9733

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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