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APR - 9 2015
T. HAMPTON

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 581540 169703A

AUTHORIZATION :

COST LIMIT : \$125.00

ORDER DATE : April 8, 2015

ORDER TIME : 2:45 PM

ORDER NO. : 581540-005

CUSTOMER NO: 169703A

DOMESTIC FILING

NAME: EMERALD COAST MEDICAL
MANAGEMENT, PLLC

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

____ CERTIFIED COPY
XX PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT. 62935

EXAMINER'S INITIALS: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
EMERALD COAST MEDICAL MANAGEMENT, PLLC**

(Pursuant to Section 201 of the Florida Revised Limited Liability Company Act and Section 5.1 of the Florida Professional Service Corporation and Limited Liability Company Act)

The undersigned, for the purpose of forming a limited liability company, under the provisions and subject to the requirements of the Florida Revised Limited Liability Company Law and the Professional Service Corporation and Limited Liability Company Act, hereby certifies that:

ARTICLE I: The name of the limited liability company (hereinafter called the "Company") is Emerald Coast Medical Management, PLLC.

ARTICLE II: The mailing address and the street address of the Company's principal office is 42 Business Center Drive, #308, Miramar Beach, Florida 32550.

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

Corporation Service Company
1201 Hays Street
Tallahassee, Florida 32301

Having been named as registered agent and to accept services of process for the above stated limited liability company at the place designaed 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 am familiar with and accept the obligations of the position of registered agent as provided for in Chapter 605, F.S.

Corporation Service Company

By: _____

Name:

Title:

**Courtney Williams
Asst. Vice President**

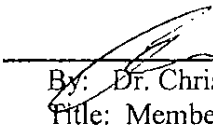
ARTICLE IV: The purpose of the Company is to engage in the provision of medical services that its member(s) is licensed in the State of Florida.

ARTICLE V: The name and address of each person authorized to manage and control the Company:

<u>Title:</u>	<u>Name and Address</u>
Member	Dr. Christopher Nelson 3170 Running Deer Circle Louisville, Kentucky 40245

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 in s. 817.155, F.S.

Dated: April 5, 2015


By: Dr. Christopher Nelson
Title: Member

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