Division of Corporations Electronic Filing Cover Sheet

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Tc:

Division of Corporations

Fax Number : (850) 617-6331

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : I20160000017

: (855)498-5500

Fax Number

: (800)432-3622

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

Email Address:	

FLORIDA LIMITED LIABILITY CO. AMERIPRO EMS OF FLORIDA, LLC

"FILING WAS PREVIUSLY SUBMITTED. BUT PART OF THE ADDRESS WAS LEFT OFF, PLEASE DISREGARD OTHER VERSION AND FILE THIS MOST RECENT VERSION INSTEAD. PLEASE CALL WITH ANY QUESTIONS. THANK YOU!***

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Corporate Filing Menu

Help

COVER LETTER

	lew Filing Section Division of Corporations		
SUBJECT	AmeriPro EMS of Florida, LL	С	
3013120		of Limited Liabil	ity Company
The enclos	sed Articles of Organization and fee	(s) are submitted	for filing.
Please ret	um all correspondence concerning th	us matter to the	following:
	Terri Lahner, Paralegal		
	 	Name of	Person
	Morris Manning & Martin, LLP		
		Firm/Co	onipany
	3343 Peachtree Road, N.E. S	uite 1600	
		Addı	ress
	Atlanta, Georgia 30326-1044		
	suhas@ameriproems.com	City/State ar	nd Zip Code
	E-mail address: (to be	used for future	annual report notification)
For further	information concerning this matter,	please cail:	
	Terri Lahner	404 at (233-7000
	Name of Person	Area Code	Daytime Telephone Number
Enclosed i	is a check for the following amount:		
\$ 125.00 F		& S 155.	00 Filing Fee & S160.00 Filing Fee, certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR ELORIDA HMITED HABILITY COMPANY

	AmeriPro EMS of	f Florida, LLC	
(Must cor	ntain 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:
<u>Princi</u>	pal Office Address:		Mailing Address:
5995 Philips High Jacksonville, FL			5 Philips Highway , Suite, B ksonville, FL 32216
ADTICLE III Designand A		0.75	
ARTICLE III - Registered Application (The Limited Liability Companianother business entity with an The name and the Florida stree	iy cannot serve as its own nactive Florida registrati	n Registered Agent. on.)	
(The Limited Liability Compar another business entity with an	iy cannot serve as its own nactive Florida registrati	n Registered Agent. on.) rd agent are:	nt's Signature: You must designate an individual or
(The Limited Liability Compar another business entity with an	y cannot serve as its own active Florida registrati address of the registere	n Registered Agent. on.) rd agent are:	
(The Limited Liability Companianother business entity with an	y cannot serve as its own active Florida registrati address of the registere	n Registered Agent. on.) ed agent are: Services, Inc. Name	
(The Limited Liability Compan another business entity with an	y cannot serve as its own active Florida registration active Florida registration address of the registere Capitol Corporate	n Registered Agent. on.) od agent are: Services, Inc. Name enue 2nd Floor	You must designate an individual or
(The Limited Liability Compan another business entity with an	ty cannot serve as its own nactive Florida registration and dress of the registere Capitol Corporate 515 East Park Ave	n Registered Agent. on.) od agent are: Services, Inc. Name enue 2nd Floor	You must designate an individual or

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. 1 further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and l am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Capitol Corporate Services, Inc.

Kım Tadlock, Asst. Sec. on behalf of Capitol Corporate Services, Inc.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Title:	hand and hidemakers	Name and Address:
"MGR" = Mana	horized Member	
AMBR		AmeriPro EMS LLC
- 1111		130 Medical Way, Suite B
		Stockbridge, GA 30281
		•
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	. to	
(Use attachment	• •	
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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)