## L08000112764

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(City/Clate/2lp/Filone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Cashess Lindy (Valle)
(Dagument Mumber)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
C808800021810
9000 3

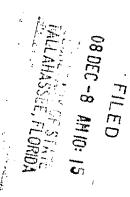




300138502083

12/08/08--01017--020 \*\*125.00

EFFECTIVE DATE 1 09



B. KOHR

DEC 1 0 2008

EXAMINER

## **COVER LETTER EFFECTIVE DATE** TO: Registration Section **Division of Corporations** SERVICES SUBJECT: SOUTH EAST (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: For further information concerning this matter, please call: at (Area Code & Daytime Telephone Number)

Mailing Address
Registration Section
Division of Corporations

Enclosed is a check for the following amount:

**✓**\$125.00 Filing Fee **☐**\$130.00 Filing Fee &

P.O. Box 6327 Tallahassee, FL 32314

Certificate of Status

Street/Courier Address

■\$155.00 Filing Fee &

(additional copy is enclosed)

Certified Copy

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

\$160.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

## EFFECTIVE DATE 1 109

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:
South EAST EMERGENCY MEDICAL SERVICES L.L.C. (Must end with the words "Limited Liability Company, "L.L.C." or "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:
2090 Lindsey Lane 2090 Lindsey Lane
Niceville, FL Niceville, FL
32578 32578
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:
Frank Francone
Name
2090 Lindsey Lane
Florida street address (P.O. Box NOT acceptable)
• • • • • • • • • • • • • • • • • • • •
NICEVILLE FL 32578  City, State, and Zip
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

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Frank Francone 2090 Lindsey Lane Niceville, FL, 32578
**************************************	
(Use attachment if necessary)	
	e date of filing: <u>JAN 1, 2009</u> . (OPTIONA be specific and cannot be more than five business day

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.)

FRANK FRANCONE

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)