10900018295

,	(Requestor's Name)					
	· (Address)					
,	(Address)					
	`					
(Address)						
	,					
	(City/State/Zip/Phone #)					
PICK-U	P WAIT MAIL					
	·					
	(Business Entity Name)					
	(Document Number)					
	(2001)					
	•					
Certified Copies	Certificates of Status					
<u> </u>						
Special Instruction	s to Filing Officer:					
	OF LIERS					
L. SELLERS						
FEB 24 2009						
EXAMINER						
EXAMINATION						

Office Use Only



100144154091

02/23/09--01021--010 **130.00

09 FEB 23 AM 8: 36

SCHUTT, SCHMIDT & NOEY

ATTORNEYS AND MEDIATORS

www.jaxtrialattomeys.com

DENNIS R. SCHUTT*+
PENNY W. SCHMIDT*
R. DANIEL NOEY++

RICHARD R. ALEXANDER
J. LAUREN CHEATHAM
MICHAEL J. CHILDERS
JEFFREY D. DEVONCHIK
ALISON N. EMERY

JASON G. JORDAN
ANDREA B. KAST
CINDY KINSLOW-COATS
BETSY A. LONSDALE
MATTHEW S. SCHMEHL
EUGENE M. SHUBOY, III
J. TRACY WILKENSON

February 20, 2009

Florida Department of State
Division of Corporations
Registration Section Registration Section
Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building
Tallahassee, FL 32314

Re: Incorporation of Jax Mediation Center, LLC

Dear Representative:

Enclosed please find the executed application for Articles of Incorporation for Florida Limited Liability Company for the captioned organization.

Also enclosed is check in the amount of \$130.00 made payable to Florida Department of State for the filing fee (\$125.00) and \$5.00 (certificate of status).

Please confirm receipt with your letter of acknowledgement.

Sincerely,

DENNIS R. SCHUTT.

- Per Inversy, a Conself Fre Medicher Course (1900

DRS/dd

Enclosures:

Articles of Incorporation

Filing fee

Telephone: (904) 737-3737 Facsimile: (904) 448-9440

2700-C University Blvd West Jacksonville, Florida 32217

医内内肠丛 新生 医软压炎

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECT. Jax Mediation Center, LLC		
0000	(Name of Limited Liability Company)		
c	•		
The e	nclosed Articles of Organization and fee(s) are submitted for filing.		
· Please	return all correspondence concerning this matter to the following:		ş •
	Dennis R. Schutt	•	<u> </u>
	(Name of Person)		
	Jax Mediation Center, LLC		** **
	(Firm/Company)		
	2700 University Boulevard West, Suite A-1	· .	22
	(Address)	,	
	Jacksonville, Florida 32217		
	(City/State and Zip Code)	-	
	the state of the s		
For fu	ther information concerning this matter, please call:	•	.;, .,.°
Den	nis R. Schutt 904 224-7044		31.7°
	(Name of Person) (Area Code & Daytime Telephone	Number)	
Enclo	sed is a check for the following amount:		
□ \$125	Certificate of Status Certified Copy Cert (additional copy is enclosed) Cert	.00 Filing Fed ificate of Statu ified Copy tional copy is end	ıs &
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	DO	101	113	T	TA T	
А	RT	16 1	. И.		Na	me

The name of the Limited Liability Company is:

Jax Mediation Center, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

The mailing address and street address of the principal office of the Limited Liability Company, is:

and the second second second

Principal Office Address:

Mailing Address:

2700 University Boulevard West, Suite A-1: *

Jacksonville, Florida 32217

2700 University Boulevard West, Suite A-1

Jacksonville, Florida 32217

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: 101.16 111 and 1911 (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another finder to some a control of the Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another finder to some a control of the limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another finder to some account of the limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another finder to some account of the limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another finder to some account of the limited Liability Company cannot serve as its own Registered Agent. business entity with an active Florida registration.)

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

2700 University Boulevard West, Suite A-1

Florida street address (P.O. Box NOT acceptable)

Jacksonville, Florida 32217

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:			
Managing Member	Dennis R. Schutt			
Managing Member	Penny W. Schmidt			
	- with (11)			
The state of the s	Compared to the second of the			
(Use attachment if necessary)				

ARTICLE V: Effective date, if other than the date of filing: February 20, 2009. (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:

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.)

Dennis R. Schutt

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)