

Craig Alonzo Williams

**L000000003901**

Phone (813) 994-1096  
Fax (813) 994-8095

Wesley Chapel, FL 34381  
Tallahassee, FL 32314

March 05, 2000

Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

**FILING FEES: For Alpha Primary Care Skin Clinic, LLC**

\$ 100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (request one copy)  
\$ 5.00 Certificate of Status (request one copy)

**TOTAL\$ 160.00**

800003161929--0  
-03/08/00--01045--019  
\*\*\*\*160.00 \*\*\*\*160.00

Sincerely,

*Craig Alonzo Williams*

Craig Alonzo Williams

W-6798

AL1

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
00 APR -6 AM 11:00



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

RECEIVED  
DIVISION OF CORPORATIONS  
00 APR -6 PM 11:00

March 14, 2000

CRAIG ALONZO WILLIAMS  
1527 DEERBOURNE DRIVE  
WESLEY CHAPEL, FL 33543-6758

SUBJECT: ALPHA PRIMARY CARE SKIN CLINIC, INC.  
Ref. Number: W00000006798

We have received your document for ALPHA PRIMARY CARE SKIN CLINIC, INC. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6094.

Agnes Lunt  
Document Specialist

Letter Number: 500A00014020

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Alpha Primary Care Skin Clinic, LLC

## ARTICLE II - Address:

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

14523 Bruce B. Downs Blvd.

Suite 401

Tampa, FL 33613

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Craig Alonzo Williams

Name

1527 Deerbourn Drive

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

Wesley Chapel, FL 33543-6758

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..*

*Craig Alonzo Williams* 3/5/2000  
Registered Agent's Signature

## Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

*Craig Alonzo Williams* 3/19/2000  
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.)

Craig Alonzo Williams

Typed or printed name of signee

### Filing Fees:

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