

L000000 11966

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Howell J. Martin, M.D., *P.C.*

Enclosed is an original and two (2) copies of the articles of incorporation and a check
\$131.25 for the Filing Fee, Certified Copy and Certificate.

FROM:

Elaine M. Fernandez

545 Brent Lane
Address

Pensacola, Florida 32503
City, State & Zip

850-477-5437
Daytime Telephone Number

FILED
00 OCT -2 PM 4:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

**Articles of Organization
of
HOWELL J. MARTIN, M.D., P.C.**

The undersigned subscriber to these Articles of Organization, desiring to form a limited liability company pursuant to the Florida Service Corporation and Limited Liability Company Act, Chapter 621 of the Florida Statutes, and being a natural person, competent to contract, hereby makes, subscribes, acknowledges and files these Articles for the purpose of forming a professional limited liability company under the laws of the State of Florida.

ARTICLE I (NAME)

The name of this limited liability company is HOWELL J. MARTIN, M.D., P.C., (the "Company").

ARTICLE II (DURATION)

The Company shall have perpetual duration, beginning on the date these Articles of Organization are filed in the Office of the Secretary of State of the State of Florida.

ARTICLE III (PURPOSE)

Except as limited by Chapter 621 of the Florida Statutes, the Company shall have all of the powers stated in the Florida Limited Liability Company Act, Chapter 608, the Florida Statutes, as such chapter presently exists and may hereafter be amended, and to render professional medical services.

ARTICLE IV (PRINCIPAL OFFICE AND REGISTERED AGENT)

The street address and mailing address of the Company's initial principal office shall be 545 Brent Lane, Pensacola, Florida 32503. The Company's principal office may hereafter be at such other place or places as the members from time to time may determine. The name of the initial registered agent of the Company shall be Elaine M. Fernandez and the street address of the registered agent is 545 Brent Lane, Pensacola, Florida 32503.

ARTICLE V (MANAGEMENT)

The Company will have a manager and should be considered a manager-managed company. Until the first annual meeting of members or until the initial manager's successors are elected and qualified, the initial manager's name is:

Howell J. Martin, M.D.
545 Brent Lane
Pensacola, Florida 32503

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TALLAHASSEE, FLORIDA

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ARTICLE VI (MEMBERS)

The names and address of the initial members are as follows:

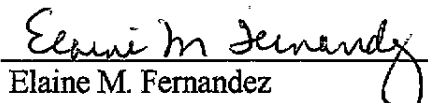
Howell J. Martin
545 Brent Lane
Pensacola, Florida 32503

Subject to the provisions of Chapter 621 of the Florida Statutes, additional members may be admitted, at such times and on such terms and conditions as determined by a majority in interest (or such greater percentage as may be specified from time to time in the Company's Operating Agreement or regulations) of its members.

ARTICLE VII (CONTINUATION)

The Company shall not be dissolved but instead shall continue notwithstanding the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event terminating membership in the Company: however, in any such event, a majority in interest of the remaining members (or such greater percentage as may be specified from time to time in the Company's Operating Agreement or regulations) shall have the right upon the occurrence of any such event to elect to dissolve the Company.

IN WITNESS WHEREOF, the undersigned authorized representative of a member has executed the foregoing Articles of Organization on this 29th day of September, 2000.


Elaine M. Fernandez
Authorized Representative

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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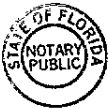
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The foregoing instrument was acknowledged before me this 29 day of September, 2000, by Elaine M. Fernandez, who did not take an oath, who stated that she executed the forgoing instrument as the authorized representative of a member of the professional limited liability company, and who:

✓ is/are personally known to me.
 _____ produced current Florida driver's license as identification.
 _____ produced _____ as identification.

Mina Michael
Notary Public

(Notary Seal Must Be Affixed)



GINA K. MICHAELS
My Comm Exp. 3/24/2001
Bonded By Service Ins
No. CC632370
☒ Personally Known ☐ Other I D

Gina K. Michaels
Name of Notary Printed
My Commission Expires: 3/24/01
Commission Number: CC632370

**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE
FOR THE SERVICE OF PROCESS WITHIN FLORIDA AND NAMING
AGENT UPON WHOM PROCESS MAY BE SERVED**

In compliance with Section 608.415, Florida Statutes, the following is submitted:
That Howell J. Martin, M.D., *P.C.*, desiring to organize or qualify under the laws of the
State of Florida, with its principal place of business at 545 Brent Lane, Pensacola, Florida
32503, has named Elaine Fernandez, whose business address is 545 Brent Lane,
Pensacola, Florida 32503, as its agent to accept service of process within Florida.

Howell J. Martin, M.D., *P.C.*

By: *Elaine Fernandez*
Elaine Fernandez
Authorized Representative of a Member

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TALLAHASSEE, FLORIDA

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ACCEPTANCE

Having been named as registered agent and to accept service of process for the
above stated professional limited liability company at the place designated in this
certificate, I am familiar with and accept the obligations of my position as registered
agent and I agree to act in that position. I further agree to comply with the provisions of
all statutes relating to the proper and complete performance of my duties.

September 29, 2000

Elaine Fernandez
Elaine Fernandez, Registered Agent