

UCC FILING & SEARCH SERVICES, INC.

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March 29, 2001

CORPORATION NAME (S) AND DOCUMENT NUMBER (S):

Countryside Medical Offices LLC

Filing Evidence

- ☑ Plain/Confirmation Copy
- □ Certified Copy

Retrieval Request

□ Photocopy

Type of Document

- ☐ Certificate of Status
- ☐ Certificate of Good Standing
- □ Articles Only
- ☐ All Charter Documents to Include Articles & Amendments
- □ Fictitious Name Certificate
- □ Other

□ Certified Copy

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	NEW FILINGS
	Profit
	Non Profit
X	Limited Liability
	Domestication
	Other

OTHER FILINGS
Annual Reports
Fictitious Name
Name Reservation
Reinstatement

AMENDMENTS	*****125.00
Amendment	
Resignation of RA Officer/Director	
Change of Registered Agent	
Dissolution/Withdrawal	
Merger	

REGISTRATION/QUALIFICATION
Foreign
Limited Liability
 Reinstatement
Trademark
Other



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

March 29, 2001

UCC FILING & SEARCH SERVICES, INC.

SUBJECT: COUNTRYSIDE MEDICAL OFFICES, LLC

Ref. Number: W01000007084

We have received your document for COUNTRYSIDE MEDICAL OFFICES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following:

Effective October 1, 1999, Chapter 608, Florida Statutes, does not require or permit the filing of an "Affidavit of Membership and Capital Contributions." Therefore, the enclosed document has not been filed and is being returned to you.

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) 487-6025.

Trevor Brumbley Document Specialist

Letter Number: 001A00018846

ARTICLES OF ORGANIZATION OF COUNTRYSIDE MEDICAL OFFICES LIMITED LIABILITY COMPANY

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I — Name:

The name of the Limited Liability Company is:

Countryside Medical Offices, LLC

ARTICLE II — Address:

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

3023 Eastland Boulevard, Suite 112 Clearwater, Florida 33761

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

In perpetuity or until dissolved by the members.

ARTICLE IV — Management:

The Limited Liability Company is to be managed by the members and the names and addresses of the managing members are:

Jeffrey Marks, M.D. 3023 Eastland Boulevard, Suite 112 Clearwater, Florida 33761

Joy Wolff, M.D. 3023 Eastland Boulevard, Suite 112 Clearwater, Florida 33761

ARTICLE V — Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

Upon unanimous consent of the members or their successors in interest.

ARTICLE VI --- Members' Rights to Continue Business

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

As governed by the Regulations adopted by the members, as from time-to-time amended.

ARTICLE VII — Limitation on Agency Authority of Members

Pursuant to Section 608.424 of the Florida Limited Liability Company Act, no member of the Company shall be an agent of the Company solely by virtue of being a member, and no member shall have authority to incur debt or contractual liability on behalf of the Company solely by virtue of being a member.

In accordance with Section 608.408(3), Florida Statutes, the execution of this articles constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this __26_ day of March, 2001.

Marks, M.D.

Filing Fee: \$250.00 for Articles and Affidavit

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Countryside Medical Offices, LLC

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

Joy Wolff, M.D., P.A. 3023 Eastland Boulevard, Suite 112 Clearwater, Florida 33761

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.

Joy Wolff, M.D., P.A.

By:

As: Presider

Filing Fee: \$35 for Designation of Registered Agent

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