

L010000008707

Form 1

TRANSMITTAL LETTER

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

SUBJECT: Medical Savings Associates, P.L.  
(Proposed limited liability company name - must include suffix)

Enclosed is an original and one (1) copy.

Filing fee for articles of organization of Florida Limited Liability Company:

\$100.00 Filing fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent

A letter of acknowledgement will be issued free of charge upon filing. Please submit an additional \$5 if a certificate of status is needed. The fee for a certified copy is \$30.  
Please send one check for the total amount made payable to the Florida Department of State.

000004324970--5  
-05/29/01--01041--035  
\*\*\*125.00 \*\*\*125.00

FROM: Michael L. Farrington

Name (Printed or typed)

611 Xavier Ave.

Address

Melbourne, FL 32901

City, State & Zip

321-733-4470

Daytime Telephone number

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 MAY 29 AM 1:56

FILED

mtw

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# ARTICLES OF ORGANIZATION FOR FLORIDA PROFESSIONAL LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

*MEDICAL SAVINGS ASSOCIATES, P.L.*

## ARTICLE II - Address:

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

*611 XAVIER AVE, MELBOURNE, FL 32901*

## ARTICLE III - Registered Agent

The name and street address of the initial registered agent are: *MICHAEL L. FARRINGTON*

*611 XAVIER AVE, MELBOURNE, FL 32901*

## ARTICLE IV - Management:

(Check the appropriate box)

- ☐ The Limited Liability Company is to be a manager-managed company.  
☒ The Limited Liability Company is to be managed by the members.

## ARTICLE V - Professional Limited Liability Company

This limited liability company shall be a professional limited liability company under Florida statutes chapter 621. The business of the company is limited to the one profession of INSURANCE SALES and Marketing and no person or entity shall be admitted as member unless he, she or it is qualified to practice this profession. Further, no interest can be sold except to someone so qualified.

*M L F*  
Signature of a member or an authorized representative of a member.

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

MICHAEL L FARRINGTON

Typed or printed name of signee

Filing Fee: \$100.00 for Articles

FILED  
01 MAY 29 AM 11:06  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

# **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: MEDICAL SAVINGS ASSOCIATES, P.L.

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

MICHAEL L. FARRINGTON

NAME

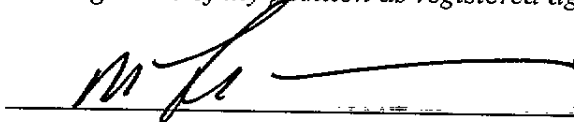
611 XAVIER AV.

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

MELBOURNE, FL 32901

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 proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



SIGNATURE

**Filing Fee: \$25 for Designation of Registered Agent**

01 MAY 29 AM 1:56  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA