DR. DENNIS A. KUACK, D.D.S., P.A. 2644 SOUTH RIDGEWOOD AVENUE SOUTH DAYTONA, FLORIDA 32119 761-6159 & 761-5883 CILWOINIC/ZIP" Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): -07/12/01--01070--010 (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) Certified Copy Pick up time Walk in Certificate of Status Photocopy ☐ Will wait Mail out AMENDMENTS **NEW FILINGS** Amendment Profit Resignation of R.A., Officer/Director Not for Profit ☐ Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/QUALIFICATION OTHER FILINGS Foreign Annual Report Limited Partnership ☐ Fictitious Name Reinstatement Trademark Other

Examiner's Initials



July 13, 2001

DR. DENNIS A. KUACK, D.D.S., P.A. 2644 SOUTH RIDGEWOOD AVENUE SOUTH DAYTONA, FL 32119

SUBJECT: MEDICAL SERVICES GROUP

Ref. Number: W01000016253

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

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "L.C." or "L.L.C."

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) 245-6967.

Michelle Hodges Document Specialist

Letter Number: 401A00041537

789-00167-02595-00207.



July 31, 2001

DR. DENNIS A. KUACK, D.D.S., P.A. 2644 SOUTH RIDGEWOOD AVENUE SOUTH DAYTONA, FL 32119

SUBJECT: MEDICAL SERVICES GROUP

Ref. Number: W01000016253

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

You failed to make the correction(s) requested in our previous letter.

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "L.C." or "L.L.C."

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) 245-6967.

Michelle Hodges Document Specialist

Letter Number: 801A00044144



August 8, 2001

DR. DENNIS A. KUACK, D.D.S., P.A. 2644 SOUTH RIDGEWOOD AVENUE SOUTH DAYTONA, FL 32119

SUBJECT: MEDICAL SERVICES GROUP

Ref. Number: W01000016253

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

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "L.C." or "L.L.C."

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6967.

Michelle Hodges Document Specialist

Letter Number: 801A00045670



August 30, 2001

DR. DENNIS A. KUACK, D.D.S., P.A. 2644 SOUTH RIDGEWOOD AVENUE SOUTH DAYTONA, FL 32119

SUBJECT: MEDICAL SERVICES GROUP

Ref. Number: W01000016253

We have received your document for MEDICAL SERVICES GROUP and your check(s) totaling \$125.00. 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) 245-6967.

Letter Number: 201A00049388

Michelle Hodges Document Specialist

ARTICLES OF ORGANIZATION FOR FLORIDA I

ARTICLE I - Name:

The name of the Limited Liability Company is:

Medical Services Group LLC

The mailing address and street address of the principal office of the Limited Liability Company is: 2644 S Ridgewood Ave

South Daytona, Fla 32119

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

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

Leah Kuack	Name
2644 S.	Ridgewood Ave
Florida street address	(P.O. Box NOT acceptable)
- उ. व्याप	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..

Article IV	_	Manage	ment	(Check	box if	applicable.)
						ha monogod i	•

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

250	410	101	5
		1	_

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

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

5.00 Certificate of Status (Optional)