

L01000022796

GARY PEACOCK, CPA, P.A.  
4417 BEACH BLVD., SUITE 200  
JACKSONVILLE, FL 32207

City/State/Zip

Phone #

800004725028--9  
-01/07/02--01015--003  
\*\*\*\*\*25.00 \*\*\*\*\*25.00

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. \_\_\_\_\_  
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☐ Walk in

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**NEW FILINGS**

- ☐ Profit  
☐ Not for Profit  
☐ Limited Liability  
☐ Domestication  
☐ Other

**AMENDMENTS**

- ☐ Amendment  
☐ Resignation of R.A., Officer/Director  
☐ Change of Registered Agent  
☐ Dissolution/Withdrawal  
☐ Merger

**REGISTRATION/QUALIFICATION**

- ☐ Foreign  
☐ Limited Partnership  
☐ Reinstatement  
☐ Trademark  
☐ Other

**OTHER FILINGS**

Name	Availability
Document Examiner	DCC
Updater	<input type="checkbox"/> Annual Report <input type="checkbox"/> Fictitious Name
Updater	Verifyer DCC
Acknowledgement	DCC
W. P. Verifier	DCC CR2E031(7/97)

Examiner's Initials

L01000028868  
3 pages

L01000022796

FILED  
01 DEC 28 AM 10:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

25.00



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

December 18, 2001

GARY PEACOCK, CPA, P.A.  
4417 BEACH BLVD., SUITE 200  
JACKSONVILLE, FL 32207

SUBJECT: MICRO - MED OF TENNESSEE, LLC  
Ref. Number: W01000028868

We have received your document for MICRO - MED OF TENNESSEE, LLC and your check(s) totaling \$100.00. However, the document has not been filed and is being retained in this office for the following:

You failed to include the registered agent's designation fee. So therefore, we will need an additional \$25.00.

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) 245-6913.

Diane Cushing  
Corporate Specialist

Letter Number: 501A00066245

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Micro - Med of Tennessee, LLC

## ARTICLE II - Address:

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

5169 West 12th Street  
Jacksonville, FL 32254

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

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

Francis M. Scheu

Name

5169 West 12th Street

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

Jacksonville, FL 32254

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.

Francis M. Scheu

Registered Agent's Signature

01 DEC 28 AM 10:08  
FILED  
Dec 24, 2001  
Date

## 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)

Francis M. Scheu

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.)

Francis M. Scheu, Member

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)