

LO2000000034

TRANSMITTAL LETTER

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

700004740067-1-1
-12/26/01-01106-004
***125.00 ***125.00

SUBJECT: PHYSICIANS FOR BETTER JACKSONVILLE, LLC
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☒ \$125.00 ☐ \$70.00 ☐ \$78.75
Filing Fee Filing Fee
& Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: CHRISTOPHER ROBERTS, MD
Name (Printed or typed)

13500 SUTTON PARK DR. SOUTH, #204
Address

JACKSONVILLE, FL 32224
City, State & Zip

(904) 223-3321
Daytime Telephone number

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01 DEC 26 PM 3:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: Please provide the original and one copy of the articles.

Name	
Address	
City, State & Zip	
Daytime Telephone number	
Power of Attorney	DCC
Power of Attorney	DCC
Power of Attorney	DCC
Power of Attorney	DCC
Acknowledgement	DCC
W. P. Verifier	DCC

LO2000000034

ARTICLES OF ORGANIZATION

of

Physicians for Better Jacksonville, L.L.C.

The undersigned incorporator, for the purpose of forming a Limited Liability Company pursuant to Chapter 608, Florida Statutes, hereby adopts the following Articles of Organization.

ARTICLE I. NAME

The name of the limited liability company shall be:

Physicians for Better Jacksonville, L.L.C.

ARTICLE II. PRINCIPAL OFFICE

The mailing address and the street address of the principal place of Physicians for Better Jacksonville, L.L.C. shall be:

**13500 Sutton Park Drive South, Suite 204
Jacksonville, FL 32224**

ARTICLE III. REGISTERED AGENT

**Mark R. Patrick
4040 Woodcock Drive, Suite 230
Jacksonville, FL 32207**

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ARTICLE IV. MANAGEMENT

Physicians for Better Jacksonville, L.L.C. is to be managed by the members and the names and addresses of the managing members are:

**Christopher Roberts, M.D.
13500 Sutton Park Drive South, Suite 204
Jacksonville, FL 32224**

**Javier Garcia-Bengochea, M.D.
13500 Sutton Park Dr. South, #204
Jacksonville, FL 32224**

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 vote of the current members for a term to be determined by the current members.

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:

Upon 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 the remaining members shall meet to vote on whether to continue or terminate the limited liability company.



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.)

Christopher Roberts, M.D.
Typed or printed name of signed

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**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:

Physicians for Better Jacksonville, L.L.C.

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

Mark Patrick

NAME


4040 Woodcock Drive, Suite 230

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

Jacksonville, FL 32207

City, State and Zip

Having been named as registered agent and to accept service of process for the above stated corporation 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.



Signature

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TALLAHASSEE, FLORIDA

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