

L02000009754

From
Date 4-8-02
Sender's Name TERRY L. SCHILLING Phone 305 495-4522
Company FID CARE, EDDIOT INC
Address 3415 SHELTON STREET
City HOLLYWOOD State FL ZIP 33021

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-04/09/02--01054--008
***375.00 ***125.00

Office Use Only

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

1. VAUGHN EMERGENCY PHYSICIANS, LLC
(Corporation Name) (Document #)
2. W02-10329
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

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

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

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

REGISTRATION/QUALIFICATION

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

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DIVISION OF CORPORATIONS
APR 24 PM 1:38

Examiner's Initials

Susan Greco

April 8, 2002

To Whom It May Concern:

Attached please find LLC documents for three new limited liability companies (Southwest General Emergency Physicians, LLC, Vaughn Emergency Physicians, LLC and Belle Glade Emergency Physicians, LLC. Additionally, we have enclosed our check in the amount of \$375 (\$125 per LLC filing).

If you have any questions regarding the attached please call me at 305-439-4804.

Susan Greco

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FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

April 12, 2002

JEFFREY SCHILLINGER
3475 SHERIDAN STREET, SUITE 314
HOLLYWOOD, FL 33021

SUBJECT: VAUGHN EMERGENCY PHYSICIANS, LLC
Ref. Number: W02000010329

We have received your document for VAUGHN EMERGENCY PHYSICIANS, LLC and your check(s) totaling \$375.00. 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) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 702A00021804

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**ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY**

ARTICLE I – Name:

The name of the Limited Liability Company is: *Vaughn Emergency Physicians, LLC*

ARTICLE II – Address:

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

3475 Sheridan Street, Suite 314, Hollywood, Florida 33021

ARTICLE III – Registered Agent, Registered Office, and Registered Agent's Signature:

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

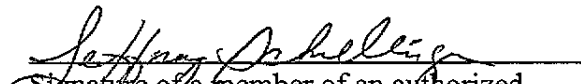
*Jeffrey Schillinger
3475 Sheridan Street, Suite 314
Hollywood, Florida 33021*

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.


Registered Agents Signature

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.


Signature of a member of 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 fact stated herein are true.)

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