

# L020000018394

## ATTORNEYS' TITLE

Requestor's Name

660 E. Jefferson St.

Address

Tallahassee, FL 32301

City/St/Zip

850-222-2785

Phone #

(4)

MJH

7/19 FLUC

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

1- MICHAEL MCDONOUGH PODIATRY, LLC.

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02 JUL 19 PM 1:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

☒ Walk-in

☐ Pick-up time ASAP

☐ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

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NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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Examiner's Initials

ARTICLES OF ORGANIZATION  
MICHAEL McDONOUGH PODIATRY, LLC  
A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I  
NAME

The name of the Limited Liability Company is MICHAEL McDONOUGH  
PODIATRY, LLC

ARTICLE II  
ADDRESS

The mailing address and street address of the principal office of the Limited  
Liability Company is 595 West Granada Boulevard, Ormond Beach, Florida, 32174.

ARTICLE III  
DURATION

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV  
MANAGEMENT

The Limited Liability Company is to be managed by the member and the  
name and address of the managing member is:

Michael McDonough  
595 West Granada Boulevard  
Ormond Beach, FL 32174

ARTICLE V  
ADMISSION OF ADDITIONAL MEMBERS

The right, if given, of the member to admit additional members and the terms  
and conditions of the admissions shall be: Terms and conditions to be determined  
by a majority vote of the managing members pursuant to the terms and conditions  
of the Operating Agreement.

ARTICLE VI  
MEMBERS' RIGHTS TO CONTINUE BUSINESS

Remaining members, if any, of the Limited Liability Company shall have the  
right to continue business on the death, retirement, resignation, expulsion,

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bankruptcy, or dissolution of a member or the occurrence of any other event which terminated the continued membership of a member in the Limited Liability Company.

Witnesses:

Mary Burt  
Dorothy Carter

MICHAEL McDONOUGH

STATE OF FLORIDA  
COUNTY OF VOLUSIA

I HEREBY CERTIFY that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared MICHAEL McDONOUGH, known to me to be the person described in and who executed the foregoing instrument, who acknowledged before me that he executed the same, and that I relied upon the following form of identification of the above-named person: personally known

WITNESS my hand and official seal in the County and State last aforesaid this 15 day of July, 2002.



Christine R. Pitti  
Notary Public  
My Commission Expires: April 6, 2004

CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE  
MICHAEL McDONOUGH PODIATRY, LLC  
A FLORIDA LIMITED LIABILITY COMPANY

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA  
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS  
THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED  
AGENT/REGISTERED OFFICE IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is MICHAEL McDONOUGH  
PODIATRY, LLC.
2. The name and address of the registered agent and office is:

Michael McDonough  
595 West Granada Boulevard  
Ormond Beach, FL 32174

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.

  
MICHAEL McDONOUGH

Date: 7/15/02