

L020000028913

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

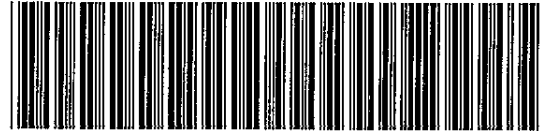
(Business Entity Name)

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TALLAHASSEE, FLORIDA

J. BRYAN OCT 30 2002

Robert A. Pierce/Donna Marie Walters
Ausley & McMullen

Requestor's Name

227 S. Calhoun Street

Address

Tallahassee, FL 32301

425-5457

City/State/Zip

Phone #

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TALLAHASSEE, FLORIDA

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

1. Tallahassee Neurology Associates NEW
Building LLC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☒ Walk in ☐ Pickup time ☒ Certified Copy
- ☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

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

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

OTHER FILINGS
Annual Report
Fictitious Name
Name Reservation

REGISTRATION/ QUALIFICATION
Foreign
Limited Partnership
Reinstatement
Trademark
Other

Examiner's Initials

AUSLEY & McMULLEN

ATTORNEYS AND COUNSELORS AT LAW

227 SOUTH CALHOUN STREET
P.O. BOX 391 (ZIP 32302)
TALLAHASSEE, FLORIDA 32301
(850) 224-9115 FAX (850) 222-7560
Writer's Direct Line: (850) 425-5457

October 30, 2002

FILE
2002 OCT 30 PM 1
DIVISION OF CORPORATE
TALLAHASSEE, FLORIDA

Secretary of State
409 East Gaines Street
Tallahassee, Florida 32301

VIA HAND DELIVERY

Re: Tallahassee Neurology Associates Building LLC

Dear Madam/Sir:

Enclosed are an original and one copy of the Articles of Organization for Tallahassee Neurology Associates Building LLC, a limited liability company. These Articles include Registered Agent and Registered Office designation for this company.

This firm's check in the amount of \$155.00 is enclosed, comprised of the \$100.00 filing fee, \$25.00 Designation of Registered Agent fee, and \$30.00 certified copy fee.

Please do not hesitate to call me at (850) 425-5457 if you have any questions. We will have our messenger return to pick up the certified copy and the certificate of filing.

Thank you in advance for your usual assistance in these matters.

Sincerely,



Donna Marie Walters,
Legal Assistant to Robert A. Pierce

/dmw

Enclosures

RAPITALL NEUROASSOC\SOS ltr TNA Bldg 10.30.02.doc
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**ARTICLES OF ORGANIZATION
OF
TALLAHASSEE NEUROLOGY ASSOCIATES BUILDING LLC**

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

The undersigned, pursuant to the provisions of Chapter 608, Florida Statutes, provides the following information for the purpose of forming a Limited Liability Company under the laws of the State of Florida.

**ARTICLE 1.
Name**

The name of the Limited Liability Company is **Tallahassee Neurology Associates Building LLC.**

**ARTICLE 2.
Address**

The street address of the place of business in Florida is:

2011 Noble Drive
Tallahassee, Florida 32312

The mailing address of the place of business in Florida is:

2011 Noble Drive
Tallahassee, Florida 32312


**ARTICLE 3.
Registered Agent and Registered Office**

The name and Florida street address of the initial registered agent in Florida for the Limited Liability Company are:

Robert A. Pierce
227 South Calhoun Street
Tallahassee, Florida 32301

Having been named as registered agent and as the person to accept service of process for the above-stated limited liability company at the place designated in these Articles, 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, Florida Statutes.



Robert A. Pierce, Registered Agent

ARTICLE 4. Management

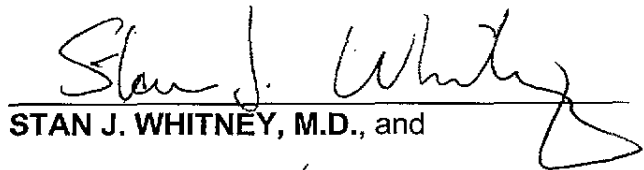
The Limited Liability Company shall be managed by its members and is, therefore, a member-managed company.

IN WITNESS WHEREOF, the undersigned have executed these Articles of Organization this 22nd day of October, 2002.

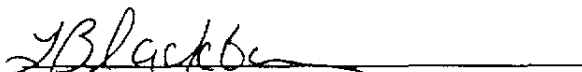
IN ACCORDANCE WITH SECTION 608.408(3), FLORIDA STATUTES, THE EXECUTION OF THIS DOCUMENT CONSTITUTES AN AFFIRMATION UNDER PENALTIES OF PERJURY THAT THE FACTS STATED HEREIN ARE TRUE.



RICHARD E. BLACKBURN, M.D., and



STAN J. WHITNEY, M.D., and


LAUREL BLACKBURN,
as tenants by the entireties, Member
PAM J. WHITNEY,
as tenants by the entireties, Member

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TALLAHASSEE, FLORIDA