

# L03000006599

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

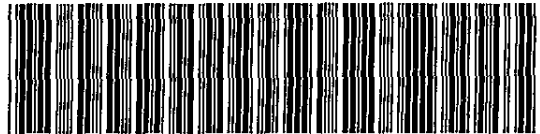
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Name	
Resubmission	
Document	
Updater	DCC
Updater	Office Use Only
Verifier	DCC
Acknowledgement	DCC
Final Verifier	DCC



300012217503

03/21/03--01084--005 \*\*125.00

FILED  
03 FEB 21 AM 10:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

David S. Mahoney  
46 Woodbridge Drive  
East Longmeadow, MA 01028

Date: February 14, 2003

Address for Regular Mail:

Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, Fl. 32314

Address for Courier, Hand, or Express Delivery:

Department of State  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Fl. 32399

FILED  
03 FEB 21 AM 10:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Re: Articles of Organization/Original Appointment of Agent

Dear Sir:

Enclosed please find an original and one copy of Articles of Organization. Also enclosed you will find my check in the amount of \$125.00 which pays the filing fee of \$100.00 and the Registered Agent fee of \$25.00.

Please file and provide a "filed" copy to me, together with any information you commonly provide to new LLCs.

Please contact me if you require anything further. My daytime telephone number is (413)525-6313..

With kindest regards, I am

Sincerely yours,

  
Signature

Enclosures

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is: OnSite Clinical Services, LLC

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 46 Woodbridge Drive, East Longmeadow, MA 01028

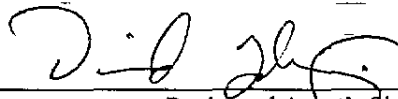
## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

David S. Mahoney  
\_\_\_\_\_  
21440 North Millbrook Court  
\_\_\_\_\_  
Boca Raton 33498  
\_\_\_\_\_  
FL  
\_\_\_\_\_  
City, State, and Zip

FILED  
03 FEB 21 AM 10:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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.*

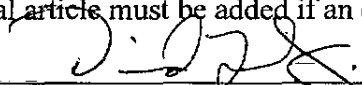


Registered Agent's Signature

## 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.

(An additional article must be added if an effective date is requested)



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.)

David S. Mahoney

\_\_\_\_\_  
Typed or printed name of signee