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(Requestor's Name)

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(Business Entity Name)

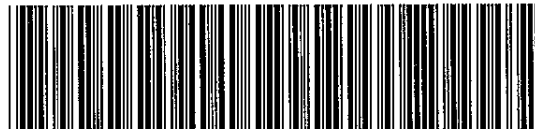
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STATE

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DIVISION OF CORPORATIONS

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Medallion Health Services LLC

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- ☐ Art of Inc. File
- ☐ LTD Partnership File
- ☐ Foreign Corp. File
- ☒ L.C. File
- ☐ Fictitious Name File
- ☐ Trade/Service Mark
- ☐ Merger File
- ☐ Art. of Amend. File
- ☐ RA Resignation
- ☐ Dissolution / Withdrawal
- ☐ Annual Report / Reinstatement
- ☐ Cert. Copy
- ☐ Photo Copy
- ☒ Certificate of Good Standing
- ☐ Certificate of Status
- ☐ Certificate of Fictitious Name
- ☐ Corp Record Search
- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval
- ☐ Courier

Signature

Requested by:

SW

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Name

Date

Time

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

for

MEDALLION HEALTH SERVICES, LLC.

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**MEDALLION HEALTH SERVICES, LLC.**

**ARTICLE II - Address:**

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

MEDALLION HEALTH SERVICES, LLC.  
1111 12<sup>TH</sup> Street Suite 204  
Key West, Florida 33040

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

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, **MEDALLION HEALTH SERVICES, LLC.**, THE UNDERSIGNED LIMITED LIABILITY COMPANY, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

2. The name and address of the registered agent and office is:

Corliss Ann Rupp, M.D.  
1111 12<sup>th</sup> Street Suite 204  
Key West, Florida 33040

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*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.*

Registered Agent's Signature:

*Corliss Ann Rupp, M.D.*

Corliss Ann Rupp, M.D.  
1111 12<sup>th</sup> Street Suite 204  
Key West, Florida 33040

05/02/08  
Date

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#### ARTICLE IV - Management (Check if applicable.):

☒ The Limited Liability Company is to be managed by one manager or more and is therefore, a manager-managed company.

(NOTE: The Limited Liability Company is member-managed.)

#### ARTICLE V- Member(s)

The name(s) and address(es) of the members of the Limited Liability Company are:

Corliss Ann Rupp, M.D.  
1111 12<sup>th</sup> Street Suite 204  
Key West, Florida 33040

#### ARTICLE VII - 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: As set forth in the operating agreement.

**ARTICLE VIII - 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: As set forth in the operating agreement.

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.

Signature of a member or authorized representative of a member:

BY: Corliss Ann Rupp, M.D.  
Corliss Ann Rupp, M.D.  
(Member/Manager)  
1111 12<sup>th</sup> Street Suite 204  
Key West, Florida 33040

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Date

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