

L03000029233

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

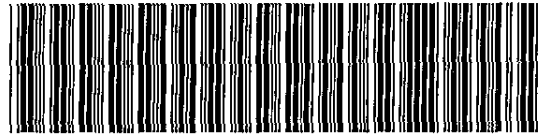
(Business Entity Name)

(Document Number)

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

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BK

FILED  
03 AUG -7 PM 3:28  
TALLAHASSEE, FLORIDA  
STATE

RECEIVED  
03 AUG -7 PM 1:26  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
STATE

## ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, FL 32308

City/St/Zip

850-222-2785

Phone #

FILED  
AUG - 7 PM 3:28  
TALLAHASSEE, FLORIDA

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

- 1- MURDOCK VILLAGE HEALTH CENTERS, LLC
- 2-
- 3-
- 4-

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

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

Examiner's Initials

**ARTICLES OF ORGANIZATION OF  
MURDOCK VILLAGE HEALTH CENTERS, LLC  
A FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I — Name:**

The name of the Limited Liability Company is **Murdock Village Health Centers, LLC.**

**ARTICLE II — Address:**

The mailing address and street address of the principal office of the Limited Liability Company is. **329 East Olympia Avenue, Punta Gorda, FL 33950.**


**ARTICLE III — Registered Agent & Registered Office**

The name and street address of the registered agent of the Company is **Michael R. McKinley, Esq., 18401 Murdock Circle, Port Charlotte, FL 33948.**

**ARTICLE IV — Management:**

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

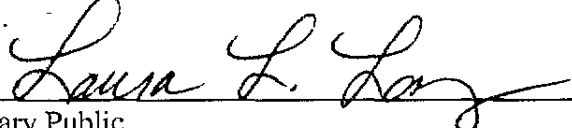
IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledge them to be my act this 6<sup>th</sup> day of August, 2003. —

  
\_\_\_\_\_  
**Michael R. McKinley, Esq.**  
Authorized Representative of Member

STATE OF FLORIDA  
COUNTY OF CHARLOTTE

SWORN TO AND SUBSCRIBED before me this 6<sup>th</sup> day of August, 2003, by **Michael R. McKinley, Esq.**, who is personally known to me.

(SEAL)  Laura L. Long  
MY COMMISSION # DD199803 EXPIRES  
April 3, 2007  
BONDED THRU TROY FAIR INSURANCE, INC.

  
\_\_\_\_\_  
Notary Public

**ACCEPTANCE OF REGISTERED AGENT**

The undersigned, being the person named in the Articles of Organization of **Murdock Village Health Centers, LLC** as the registered agent of this limited liability company, hereby consents to accept service of process for the above stated Company at the place designated in the Articles of Organization, and accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and is familiar with and accepts the obligations of the position of registered agent.

DATED this 6<sup>th</sup> day of August, 2003.

  
Michael R. McKinley, Esq.

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