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Southern Medical Specialties, LLC

THOMAS C. ZUIDEMA, PRINCIPAL


August 1, 2003

To whom it may concern,

Please find enclosed a copy of an electronic filing for my LLC Company last October. I was not able to pull up your return e-mail indicating a P.O.Box was not acceptable. I have a new address for my company. Would you please send me the registration number for my company, I am trying to set up a banking system and need this information as soon as possible.

Should you need to contact me via telephone please call 561-310-1780.

Thank you



Tom Zuidema

President

Southern Medical Specialties LLC

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SOUTHERN MEDICAL SPECIALTIES LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

THOMAS C. ZUIDEMA
(Name of Person)

SOUTHERN MEDICAL SPECIALTIES LLC
(Firm/Company)

1339 BEACON CIRCB
(Address)

WELLINGTON, FLORIDA 33414
(City/State and Zip Code)

For further information concerning this matter, please call:

TOM ZUIDEMA at (561) 310-1780
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: SOUTHERN MEDICAL SPECIALTIES LLC

ARTICLE II - Address:

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

Principal Office Address:

1339 BEACON CIRCLE
WELINGTON FLORIDA
33414

Mailing Address:

1339 BEACON CIRCLE
WELINGTON FLORIDA
33414

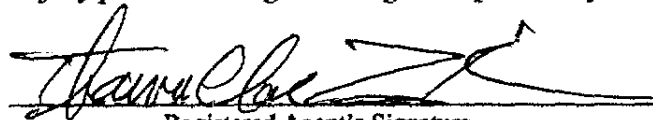
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

THOMAS C ZUDEMA
Name

1339 BEACON CIRCLE
Florida street address (P.O. Box **NOT** acceptable)
WELINGTON FL 33414
City, State, and Zip

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

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

PRESIDENT

THOMAS C. ZUIDEMA
1339 BEACON CIRCLE
WELLINGTON FLORIDA 33414

TREASURER

LISA GATFIELD
1339 BEACON CIRCLE
WELLINGTON FL 33414

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


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.)

THOMAS C. ZUIDEMA
Typed or printed name of signee

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)