

L03000030334

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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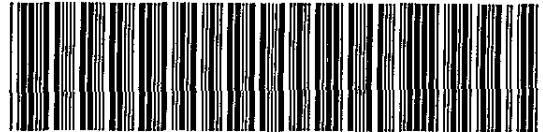
(Business Entity Name)

(Document Number)

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SECRETARY
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RICHARDSON PEDIATRICS, 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:

M A RICHARDSON
(Name of Person)

RICHARDSON PEDIATRICS, LLC
(Firm/Company)

533 GREENBRIER AVENUE
(Address)

CELEBRATION, FL 34747
(City/State and Zip Code)

For further information concerning this matter, please call:

MARGARET A. RICHARDSON at (407) 492-9660
(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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I-Name:

The name of the Limited Liability Company is:

RICHARDSON PEDIATRICS, LLC

ARTICLE II-Address:

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

Principal Office Address:

Mailing Address:

533 GREENBRIER Ave
CELEBRATION, FL 34747

533 GREENBRIER Ave
CELEBRATION, FL 34747

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

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

MARGARET A. RICHARDSON
Name

533 GREENBRIER Ave
Florida street address (P.O. Box **NOT** acceptable)

CELEBRATION, FL 34747
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..

Margaret A. Richardson
Registered Agent's Signature

(CONTINUED)

STEFAN L. GRIFFIN
CLERK OF CIRCUIT COURT
ALACHUA COUNTY, FLORIDA

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

Thenam eandaddressofeachManagerorManagingMemberisasfollows:

Title:

"MGR"=Manager

"MGRM"=ManagingMem ber

Name and Address:

MGRM

MARGARET A. RICHARDSON
533 GREENBRICK AVE
CELEBRATION, FL 34747

SECRETARY
TALLAHASSEE, FLORIDA

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(Useattachm entifnecessary)

NOTE:Anadditionalarticlemustbead ded if an effective date is requested.

REQUIRED SIGNATURE:

Margaret A. Richardson
Signatureofamemberoranauthoriz edrepresentativeofa member.

(Inaccordancewith section608.408(3),Florid aStatutes,theexecution ofthisdocum entconstitutesan affirmationunderthepenaltiesofperjury thatthefactsstatedhereinaretrue.)

MARGARET A. RICHARDSON
Typedorpri ntednam eofsignee

Filing Fees:

\$100.00FilingFeeforArticlesofOrganiz ation

\$25.00DesignationofRegisteredAgent

\$30.00Certi fiedCopy(Opti onal)

\$5.00Certi ficateofStatus(Opti onal)