

L03000043590

(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:

Office Use Only



300024445593

11/06/03--01045--019 **875.00

FILED
2003 NOV -6 PM 2:10
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN NOV 13 2003

Ted Lawrence Williams
9140 Golfside Drive, suite 11 North
Jacksonville, (32256)
FLORIDA
1.904.739.1553
October 30th, 2003

Department of State of Florida
Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, Florida 32314

Re: New LLC Filings

Dear Department of State,

Enclosed for filing, please find an original and one copy of the articles of organization for seven (7) new LLCs:

1. Brevard Nursing Professionals, PL.
2. Deep Pocket Investments, LLC,
3. InterMedia Marketing, LLC,
4. Rock Solid Investments, LLC,
5. Serenity Investments, LLC,
6. Winston House Investments, LLC, and
7. Ying and the Yang Investments, LLC.

Also enclosed is a money order for one hundred and twenty-five dollars (\$125.00) to pay for the filing of the LLC (\$100.00) and designation of the initial registered agent (\$25.00) for each entity, so a grand total of eight hundred and and seventy-five dollars (\$875.00) is enclosed. Please return a copy (non-certified) of the filed articles for each entity, and any other paperwork to me, at the above address. Thank you for your assistance in this matter.

Respectfully submitted,

Ted Lawrence Williams

FILED
2003 NOV -6 PM 2:10
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Brevard Nursing Professionals, PLLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
9140 Golfside Drive, suite 11 North
Jacksonville, FLORIDA (32256)

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

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

Ted Williams

Name

9140 Golfside Drive, suite 11 North

Florida street address (P.O. Box NOT acceptable)

Jacksonville FLORIDA (32256)

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.

[Signature]
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]
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.)

Ted Williams, Authorized Representative

Typed or printed name of signer

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)

FILED
2003 NOV -6 PM 2:10
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA