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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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DIVISION OF CORPORATIONS  
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4p

# TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Jeff Chicola MD - Medical Consulting 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:

Jeff Chicola MD  
(Name of Person)

Jeff Chicola MD - Medical Consulting LLC  
(Firm/Company)

4225 Montalvo DR  
(Address)

Pensacola, FL 32504  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jeff Chicola MD at ( 850 ) 982-3797  
(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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**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:**

MGR

Jeff Chicola MD  
4225 Montalvo DR  
Pensacola, FLA. 32504

MGRM

JAN Chicola (Secretary-office manager)  
4225 Montalvo DR.  
Pensacola, FL 32504

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Jeff Chicola MD  
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.)

Jeff Chicola MD  
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)

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For further information concerning this matter, please call:

Jeff Chicola MD at ( 850 ) 982 3797  
(Name of Person) (Area Code & Daytime Telephone Number)

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