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SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 DEC 29 PM 1:45

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Advanced Healthcare Professionals, 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:

Mark Roque
(Name of Person)

W03-39312

(Firm/Company)

8131 CR 747
(Address)

Webster, FL 33597
(City/State and Zip Code)

For further information concerning this matter, please call:

Mark Roque at (352) 303-1619
(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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FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

December 24, 2003

MARK ROGUE
8731 CR 747
WEBSTER, FL 33597

SUBJECT: ADVANCED HEALTHCARE PROFESSIONALS, LLC
Ref. Number: W03000039312

We have received your document for ADVANCED HEALTHCARE PROFESSIONALS, LLC and your check(s) totaling \$203.75. However, the document has not been filed and is being retained in this office for the following:

You have submitted forms for filing two different types of entities: a limited liability company, and a corporation. It is unclear if you would like to file a limited liability company, a corporation, or both. Please let us know what you would like to file.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6958.

Lee Rivers
Document Specialist

Letter Number: 003A00068690

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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Advanced Healthcare Professionals, LLC

ARTICLE II - Address:

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

Principal Office Address:

8731 CR 747

Mailing Address:

Webster, FL 33597

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

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

William Sembower

Name

880 N. Main St.

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

Bushnell,

FLORIDA 33513

City, State, and Zip

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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, Florida Statutes..

William Sembower

Registered Agent's Signature

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.

Mark C Roque
8131 CR 747
Webster FL 33597

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Mark C. Roque
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.)

Mark C Roque
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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