

L040000012391

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000033613 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : BARNETT, BOLT, KIRKWOOD & LONG
Account Number : 072731001155
Phone : (813) 253-2020
Fax Number : (813) 251-6711

LIMITED LIABILITY COMPANY

Bay Area Physician's Real Estate, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01 2
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing

Public Access Help

RECEIVED
04 FEB 16 AM 11:48
DIVISION OF CORPORATIONS
04 FEB 16 PM 12:45
SUNBIZ
FEB 16

07 17:07

H04000033613 3

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Bay Area Physician's Real Estate, LLC

ARTICLE II - Address:

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

Principal Office Address:500 Vonderburg Drive, Suite 201EBrandon, Florida 33511**Mailing Address:**500 Vonderburg Drive, Suite 201EBrandon, Florida 33511**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Michael D. Miller

Name

601 Bayshore Boulevard, Suite 700

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

Tampa, FLORIDA 33606

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, Florida Statutes..



Registered Agent's Signature

H04000033613 3

H04000033613 3

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:MGRMJames E. Alver, M.D.500 Vonderburg Drive, Suite 201EBrandon, Florida 33511

(Use attachment if necessary)

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.)

James E. Alver, M.D., Member

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)

H04000033613 3