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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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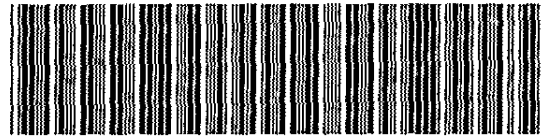
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
ATTN: ASSESSED EVIDENCE

APPROVED  
AND  
FILED

JB  
5-3-04



D. MICHAEL CHESSER  
*Board Certified, Real Estate Lawyer*  
HARRY E. BARR  
*Board Certified, Civil Trial Lawyer*  
KAREN L. ARNETT  
LOUIS L. LONG, JR.

THOMAS REED  
LESLIE D. SHEEKLEY  
CHRISTA L. SWANICK  
*Of Counsel*  
JEROME A. ZIVAN

April 20, 2004

Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

Re: Blackwater Medical, LLC

Dear Sir/Madam:

Enclosed for filing is an original and one copy of Articles of Organization for the Florida Limited Liability Company named above. Also enclosed is my check of \$160.00 for payment of the following fees:

\$100.00	Filing Fee for Articles of Organization
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy
\$ 5.00	Certificate of Status

If I have overlooked anything, please let me know.

Very truly yours,

Thomas Reed

Chesser & Barr  
Destin Office

TR/njs

Enclosure

APPROVED  
AND  
FILED  
04 APR 22 PM 12:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
of  
MEDICAL SERVICES LLC  
A FLORIDA LIMITED LIABILITY COMPANY**

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

**ARTICLE I  
NAME**

The name of the Limited Liability Company is: Medical Services LLC.

**ARTICLE II  
ADDRESS**

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

410 Government Avenue, Suite I, Valparaiso, Florida 32580.

**ARTICLE III  
REGISTERED AGENT, REGISTERED OFFICE  
AND REGISTERED AGENT'S SIGNATURE**

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

James F. Collins, 410 Government Avenue, Suite I, Valparaiso, Florida 32580.

*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

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 16 day of April, 2004.

  
Signature of 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 F. Collins

\_\_\_\_\_  
Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APPROVED  
AND  
FILED