

W4000039085

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

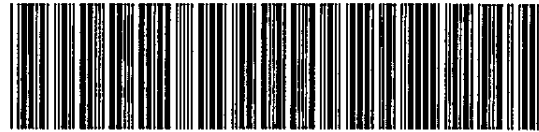
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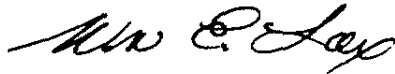
RECEIVED

To: Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32399

May 10, 2004

Please accept the attached Articles of Organization and a Transmittal Letter to establish a Florida Limited Liability Company.

Thank you for your assistance.

A handwritten signature in cursive script, appearing to read "W. E. Lax".

William E. Lax
3904 Northampton Way
Tampa, Florida 33618
Phone: 813 335 4762

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: THE RESIDENTIAL PHYSICIAN 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:

William E. Lax
(Name of Person)

THE RESIDENTIAL PHYSICIAN LLC
(Firm/Company)

3904 NORTHAMPTON WAY
(Address)

TAMPA FL. 33618
(City/State and Zip Code)

For further information concerning this matter, please call:

William E. Lax at (813) 335-4762
(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

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

THE RESIDENTIAL PHYSICIAN LLC

ARTICLE II - Address:

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

Principal Office Address:

3904 NORTHAMPTON WAY
TAMPA, FL. 33618

Mailing Address:

3904 NORTHAMPTON WAY
TAMPA, FL. 33618

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

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

William E. Lax

Name

3904 NORTHAMPTON WAY

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

TAMPA FLORIDA 33618

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..

William E. Lax

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

MGRM

Name and Address:

William E. LAX
3904 Northampton Way
Tampa, FL 33618

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

William E. Lax
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.)

William E. LAX
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)