

L04000060532

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

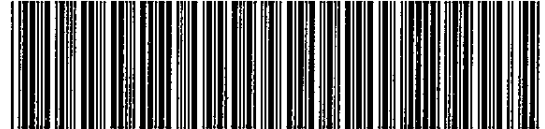
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## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HUNTER BROWN, D.O., P.L.  
(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:

HUNTER BROWN, D.O.  
(Name of Person)

HUNTER BROWN, D.O., P.L.  
(Firm/Company)

1126 TAMARIND Way  
(Address)

BOLT RAYON, FL 33486  
(City/State and Zip Code)

For further information concerning this matter, please call:

HUNTER BROWN, D.O. at (561) 367-0803  
(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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SECRETARY OF STATE  
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

August 2, 2004

HUNTER BROWN, D.O., P.L.  
1126 TAMARIND WAY  
BOCA RATON, FL 33486

SUBJECT: HUNTER BROWN, D.O.  
Ref. Number: W04000029372

We have received your document for HUNTER BROWN, D.O. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The specific purpose of the entity must be set forth in the document.

Please return your document, along with 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) 245-6913.

Diane Cushing  
Document Specialist

Letter Number: 004A00048060

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

HUNTER BROWN, D.O., P.L.

**ARTICLE II - Address:**

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

**Principal Office Address:**

1126 TAMARIND WAY  
BOCA RATON, FL  
33486

**Mailing Address:**

SAME

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

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

HUNTER BROWN, D.O.  
Name

1126 TAMARIND WAY  
Florida street address (P.O. Box **NOT** acceptable)

BOCA RATON, FL 33486  
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..*

Hunter Brown, D.O.  
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

HUNTER BROWN, D.O.  
1126 TAMARIND WAY  
BOCA RATON, FL 33486

(Use attachment if necessary)

**ARTICLE V - PURPOSE:** TO PROVIDE STATE  
EMERGENCY MEDICAL SERVICES.

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

**REQUIRED SIGNATURE:**

Hunter Brown, D.O.

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.)

HUNTER BROWN, D.O.

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)