

W4000074488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600041521816

10/12/04--01031--004 **160.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 12 AM 10:03

FILED

W4-74488
AK

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Southern States Medical-legal Services, a limited liability Company
(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:

Dyana Martin
(Name of Person)

Southern States Medical-legal Services
(Firm/Company) a limited liability Company

270 Meerkat Way
(Address)

Greenville / FL / 32331
(City/State and Zip Code)

For further information concerning this matter, please call:

Dyana Martin at (850) 948-6925
(Name of Person) (Area Code & Daytime Telephone Number)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 OCT 12 AM 10:03

FILED

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:

Southern States Medical-Legal Services, a Limited Liability Company

ARTICLE II - Address:

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

Principal Office Address:

270 Meerkat Way
Greenville, FL 32331

Mailing Address:

270 Meerkat Way
Greenville, FL 32331

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

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

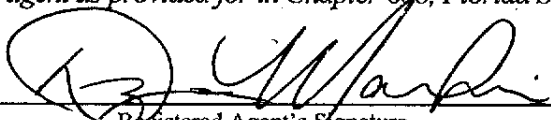
Dyana Martin
Name
270 Meerkat Way
Florida street address (P.O. Box **NOT** acceptable)
Greenville, FL 32331
City, State, and Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 OCT 12 AM 10:00

FILED

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

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

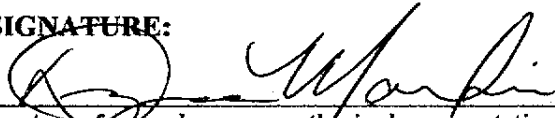
Name and Address:

<u>MGR</u>	<u>DYANA MARTIN</u>
	<u>270 MEERKAT WAY</u>
	<u>GREENVILLE, FL 32331</u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>
<u> </u>	<u> </u>

(Use attachment if necessary)

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

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.08(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Dyana Martin

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 OCT 12 PM 10:03

FILED

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)