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TALLAHASSEE, FLORIDA



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March 11, 2008

CORPORATION NAME (S) AND DOCUMENT NUMBER(S):

Precision Surgery by K.M. MacKenzie, M.D., LLC

Filing Evidence

- ☐ Plain/Confirmation Copy
- ☒ Certified Copy

Retrieval Request

- ☐ Photocopy
- ☐ Certified Copy

Type of Document

- ☐ Certificate of Status
- ☐ Certificate of Good Standing
- ☐ Articles Only
- ☐ All Charter Documents to Include Articles & Amendments
- ☐ Fictitious Name Certificate
- ☐ Other

NEW FILINGS	
	Profit
	Non Profit
X	Limited Liability
	Domestication
	Other

AMENDMENTS	
	Amendment
	Resignation of RA Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Reports
	Fictitious Name
	Name Reservation
	Reinstatement

REGISTRATION/QUALIFICATION	
	Foreign
	Limited Liability
	Reinstatement
	Trademark
	Other

**ARTICLES OF ORGANIZATION
FOR
PRECISION SURGERY BY K.M. MACKENZIE, M.D., LLC**

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLE I
NAME**

The name of this Limited Liability Company shall be **PRECISION SURGERY BY K.M. MACKENZIE, M.D., LLC.**

**ARTICLE II
DURATION**

This Limited Liability Company shall exist perpetually from the date of filing with the Secretary of State of the State of Florida.

**ARTICLE III
PURPOSE**

This Limited Liability Company is organized for the purpose of conducting medical surgery and such other lawful business in the State of Florida.

**ARTICLE IV
PLACE OF BUSINESS**

The place of business of this Limited Liability Company shall be at the following street address: 147 Peckham Avenue SE, Port Charlotte, Florida 33952, and such other place or places as the member(s) from time to time may determine, and the mailing address of this Limited Liability Company shall initially be at the following address: 147 Peckham Avenue SE, Port Charlotte, Florida 33952.

**ARTICLE V
INITIAL REGISTERED AGENT AND OFFICE**

The initial registered agent of the Limited Liability Company shall be **KAREN MARIE MacKENZIE**. The initial registered office address shall be 147 Peckham Avenue SE, Port Charlotte, in Charlotte County, Florida 33952.

ARTICLE VI
MANAGEMENT

The Limited Liability Company will be managed by an initial Manager, **KAREN MARIE MacKENZIE**. **KAREN MARIE MacKENZIE** shall serve as initial Manager until the first organizational meeting of members or until her successor is elected and qualifies. The name and address of the initial Manager is:

KAREN MARIE MacKENZIE
147 Peckham Avenue SE
Port Charlotte, Florida 33952.

ARTICLE VII
ADMISSION OF ADDITIONAL MEMBERS

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be: additional members are to be admitted as members of the company only by the unanimous vote of the subscriber(s) and in accordance with applicable law.

ARTICLE VIII
AMENDMENT OF ARTICLES OF ORGANIZATION

Any amendment to these Articles of Organization shall be on such form prescribed by the Secretary of State of the State of Florida containing such terms and provisions consistent with Chapter 608, Florida Statutes, as shall be prescribed by the Department of State, and shall be signed and sworn to by all Members of the Limited Liability Company. In the event a new Member is added by such amendment, it shall be also signed by the Member to be added.

ARTICLE IX
TRANSFERABILITY OF MEMBER'S INTEREST

An interest of a Member of this Limited Liability Company may be transferred or assigned only to such extent and in the manner provided in the Operating Agreement of the Limited Liability Company and in accordance with applicable law.

IN WITNESS WHEREOF, the party hereto has executed these Articles of Organization on the 9th day of March, 2005.

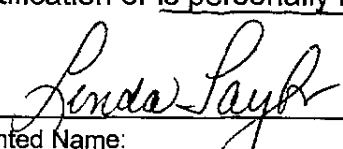


KAREN MARIE MacKENZIE,
Manager and Member

STATE OF FLORIDA
COUNTY OF CHARLOTTE

The foregoing instrument was acknowledged before me this 9th day of March, 2005, by **KAREN MARIE MacKENZIE**, who personally appeared before me, who is known to me to be the person who executed the foregoing Articles of Organization and produced _____ as identification or is personally known to me.

(SEAL)



Printed Name: _____

Notary Public



Linda Taylor

My Commission DD145045

Expires September 13, 2006

REGISTERED AGENT ACCEPTANCE

Having been named as registered agent, to accept service of process for **PRECISION SURGERY BY K.M. MACKENZIE, M.D., LLC**, at the place designated, I hereby accept the appointment as Registered Agent, and state that I am familiar with and accept the duties, obligations and responsibilities as Registered Agent, including those specified in Chapter 608 of the Florida Statutes.

Dated: March 9th, 2005.

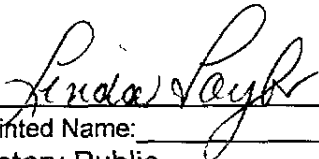


KAREN MARIE MacKENZIE,
Registered Agent

STATE OF FLORIDA
COUNTY OF CHARLOTTE

The foregoing instrument was acknowledged before me this 9th day of March, 2005, by **KAREN MARIE MacKENZIE**, who personally appeared before me, and produced _____ as identification or is personally known to me.

(SEAL)



Printed Name: _____
Notary Public



Linda Taylor
My Commission DD145045
Expires September 13, 2006