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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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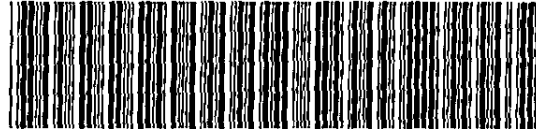
(Business Entity Name)

(Document Number)

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOPE Family Medicine, 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:

JOY H. ABLORDEPPEY, M.D.
(Name of Person)

HOPE Family Medicine, LLC.
(Firm/Company)

1612 WEST PLAZA DR.
(Address)

TALLAHASSEE, FL 32308
(City/State and Zip Code)

For further information concerning this matter, please call:

JOY H. ABLORDEPPEY at (850) 878-8899
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy
(additional copy is enclosed) |
|--|---|--|---|

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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MAY 2 11:41
TALLAHASSEE, FL
STATE OF FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Hope Family Medicine L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

1612 WEST PLAZA DR.
TALLAHASSEE, FL 32308

Mailing Address:

1612 WEST PLAZA DR.
TALLAHASSEE, FL 32308

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

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

JOY H. ABLORDEPPEY, MD
Name

1612 WEST PLAZA DR
Florida street address (P.O. Box **NOT** acceptable)

TALLAHASSEE FL 32308
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, F.S..

Jshordepney
Registered Agent's Signature

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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:

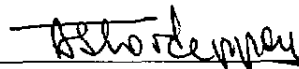
MGR.

JOY H. ABLORDEPPEY, M.D.
3526 LIMERICK DR.
TALLAHASSEE, FL 32309

(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 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JOY H. ABLORDEPPEY, M.D.

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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TALLAHASSEE, FLORIDA

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**CORPORATE RESOLUTION
OF**

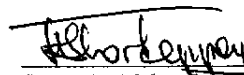
The undersigned, as the duly elected and acting President of Hope Family Medicine, L.L.C. a Florida Corporation, hereby certifies as follows:

The following is a true and correct copy of the Resolution adopted at a Special Meeting of the Directors of the Corporation held on the 28th day of April, 2005.

That by unanimous consent of all the Directors, the following Resolution was adopted, and that the same has not in any way been modified or rescinded, but is in full force and effect; and that the said Directors of the Corporation have duly ratified and affirmed the same in the form herinafter set forth.

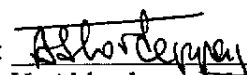
That Joy H. Ablordeppey, M.D., individually and as President of Hope Family Medicine, L.L.C. is hereby authorized to execute and deliver on behalf of the corporation, any and all Agreements, Bills of Sale, or other Documents or other instruments to effect the sale of all the corporate assets upon such terms and conditions as he in his sole discretion deem reasonable or necessary. The Corporation hereby agrees to indemnify and hold harmless any person firm or entity from any damage which may be incurred by reason of their reliance upon the authority granted Joy H. Ablordeppey as set forth herein.

INWITNESS WHEREOF, the undersigned has hereunto subscribed his name as President of the Corporation to reflect the forgoing act of the Board of Directors on the 28th day of April, 2005.


Joy H. Ablordeppey, M.D.
Individually

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STATE OF FLORIDA

Hope Family Medicine, L.L.C
A Florida Corporation

By: 
Joy H. Ablordeppey, M.D.
Its President