

L05000062018

2005 JUN 22 P 3:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

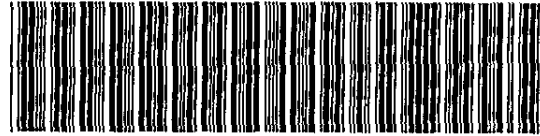
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W005-29314
M

Office Use Only



700055536917

06/03/05--01024--008 **155.00



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

FILED

2005 JUN 22 P 3: 33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

June 14, 2005

CHRISTOPHER PRESTERA
900 RIVER REACH DR. SUITE 521
FT. LAUDERDALE, FL 33315

SUBJECT: SUNSHINE SELECT OB/GYN PURCHASING & RISK
MANAGEMENT COOPERATIVE, LLC
Ref. Number: W05000029344

We have received your document for SUNSHINE SELECT OB/GYN PURCHASING & RISK MANAGEMENT COOPERATIVE, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

No person doing business in this state shall be entitled to use the word "cooperative" as part of its corporate or other business name unless it has complied with the provisions of Chapter 617, 618, or 619, Florida Statutes.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 005A00041269

The Physicians Advocate, LLC
your malpractice insurance specialist



SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Via Priority Mail

June 20, 2005

To: Agnes Lunt
Document Specialist
Florida Department of State

From: Chris Prestera, JD, CPCU
The Physicians Advocate, LLC

RE: Sunshine Select Ob/Gyn Purchasing & Risk Management Association, LLC
("Sunshine Select")

Hi Agnes. I originally submitted this application calling the company a cooperative and apparently that is limited to certain types of ventures, not applicable to Sunshine Select. Thus, I have changed the paperwork to reflect we will call it an association. Also, since I will be moving to a new office next week, I have changed the address to reflect my new location.

Thanks for your assistance and please call if you have any questions.

Sincerely,

900 River Reach Drive,
Suite 521
Fort Lauderdale, Florida 33315

Toll Free: 866-765-1058
Fax: 954-524-0153
Cell: 954-336-7284
E-Mail: cpres59@comcast.net

TRANSMITTAL LETTER

FILED

TO: Registration Section
Division of Corporations

SUBJECT: Sunshine Select Ob/Dyn Purchasing & Risk Management
(Name of Limited Liability Company)

2005 JUN 22 P 3: 33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Cooperative, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christopher Prestera

(Name of Person)

The Physicians Advocate, LLC

(Firm/Company)

900 River Reach Dr., Suite 521

(Address)

Fort Lauderdale, Florida 33315

(City/State and Zip Code)

For further information concerning this matter, please call:

Christopher Prestera

(Name of Person)

at 954, 765-1058

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☒ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$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

TRANSMITTAL LETTER

FILED

TO: Registration Section
Division of Corporations

SUBJECT: Sunshine Select Ob/Gyn Purchasing & Risk Management
(Name of Limited Liability Company) ASSOCIATION, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christopher Prestera
(Name of Person)

The Physicians Advocate, LLC
(Firm/Company)

1900 W. Commercial Blvd., Suite 123
(Address)

Fort Lauderdale, FL 33309
(City/State and Zip Code)

For further information concerning this matter, please call:

Christopher Prestera at 954, 336-7284
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input 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

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2005 JUN 22 P 3: 33

ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Sunshine Select Ob/Gyn Purchasing & Risk Management Association, LLC

ARTICLE II - Address:

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

Principal Office Address:

1900 W. Commercial Blvd.
Suite 123
Fort Lauderdale, FL. 33309

Mailing Address:

1900 W. Commercial Blvd.
Suite 123
Fort Lauderdale, FL. 33309

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

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

Christopher Prestera
Name

1900 W. Commercial Blvd., Suite 123
Florida street address (P.O. Box **NOT** acceptable)
Fort Lauderdale FL 33309
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..


Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

FILED

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

2005 JUN 22 P 3: 33

MGR

Christopher Prestera
1900 W. Commercial Blvd.
Fort Lauderdale, FL. 33309
SECRETARY OF STATE
ALLAHASSEE FLORIDA

(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.)

CHRISTOPHER PRESTERA

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)