

L05000078629

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Tierce Verde Medical Center, LLC

Signature _____

Requested by: _____

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

- _____ Art of Inc. File _____
- _____ LTD Partnership File _____
- _____ Foreign Corp. File _____
- ☒ _____ L.C. File _____
- _____ Fictitious Name File _____
- _____ Trade/Service Mark _____
- _____ Merger File _____
- _____ Art. of Amend. File _____
- _____ RA Resignation _____
- _____ Dissolution / Withdrawal _____
- _____ Annual Report / Reinstatement _____
- ☒ _____ Cert. Copy _____
- _____ Photo Copy _____
- _____ Certificate of Good Standing _____
- _____ Certificate of Status _____
- _____ Certificate of Fictitious Name _____
- _____ Corp Record Search _____
- _____ Officer Search _____
- _____ Fictitious Search _____
- _____ Fictitious Owner Search _____
- _____ Vehicle Search _____
- _____ Driving Record _____
- _____ UCC 1 or 3 File _____
- _____ UCC 11 Search _____
- _____ UCC 11 Retrieval _____
- _____ Courier _____

**ARTICLES OF ORGANIZATION
OF
*Tierra Verde Medical Center, LLC***

ARTICLE I

NAME

The name of the Limited Liability Company is Tierra Verde Medical Center, LLC.

ARTICLE II

ADDRESS

The mailing address of the Limited Liability Company's principal office is 1120 Pinellas Bayway Dr. Suite 114, Tierra Verde, Florida 33715

The street address of the Limited Liability Company's principal office is 1120 Pinellas Bayway Dr. Suite 114, Tierra Verde, Florida 33715

ARTICLE III

DURATION

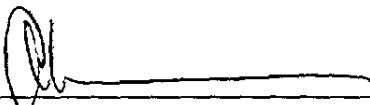
The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV

MANAGEMENT

The Limited Liability Company is to be managed by the member who is MARIE FRANCE SCHERER, designated, appointed, or elected to act as the managing member in accordance with the Operating Agreement of the Limited Liability Company.

In accordance with F.S. 608.408(3), the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.



Authorized Representative

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

**UNDER THE PROVISIONS OF F.S. 608.415, THE UNDERSIGNED LIMITED
LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE
A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.**

The name of the limited liability company is Tierra Verde Medical Center, LLC.

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

**Marie France Scherer
1120 Pinellas Bayway Drive
Suite 114
Tierra Verde, Florida 33715**

**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.**

Tierra Verde Medical Center, LLC



Marie France Scherer, Registered Agent

By:  _____

MARIE - FRANCE Scherer