

Division of Corporations

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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : VOIGT & VOIGT, P.A.
Account Number : I20030000017
Phone : (941) 925-2324
Fax Number : (941) 925-2924

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

G.C. MEDICAL BILLING SPECIALISTS, LLC

Certificate of Status	0
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**ARTICLES OF ORGANIZATION
OF
G.C. MEDICAL BILLING SPECIALISTS, LLC**

The undersigned, being the Members and Organizers of the Limited Liability Company hereby being formed under the Chapter 608 of the Florida Statutes, do hereby adopt the following Articles of Organization for the Limited Liability Company:

FIRST: The name of the Limited Liability Company is:

G.C. MEDICAL BILLING SPECIALISTS, LLC

SECOND: The Limited Liability Company shall continue until the occurrence of an event set forth in the Operating Agreement which causes the termination of the Limited Liability Company.

THIRD: The Limited Liability Company is organized to engage in and do any lawful act concerning any lawful business, other than banking and insurance, for which a limited liability company may be organized in accordance with the Chapter 608 of the Florida Statutes, including all powers and purposes now and hereafter permitted by law to a limited liability company.

FOURTH: The mailing address and street address of the initial registered office of the Limited Liability Company in Florida is 2042 BEE RIDGE ROAD, SARASOTA, FL 34239, and the name of the initial registered agent of the Limited Liability Company in Florida at that address is STEPHEN F. VOIGT, SR.

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.


STEPHEN F. VOIGT, SR.

FIFTH: The mailing address and principal office of the Limited Liability Company is 5824 BEE RIDGE ROAD, SUITE 222, SARASOTA, FL 34233.

SIXTH: The Limited Liability Company is to be managed by a Managing Members. The name and address of the initial Managing Members are: D. PATRICK and D. PATRICK, having an address at 5824 BEE RIDGE ROAD, SUITE 222, SARASOTA, FL 34233

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SEVENTH: The total amount of cash (and a description and agreed value of any property other than cash) contributed to the Limited Liability Company, as capital, by the Members is \$100.00. The allocations and distributions of the Limited Liability Company shall be made in proportion to the Members' Percentage Interests.

EIGHTH: Additional capital contributions may be made at such times and in such amounts as may hereafter may be agreed by the unanimous vote of the Members. No additional capital contributions have been agreed to by the Members at this time.

NINTH: The existing Members shall have the right to admit additional Members to the Limited Liability Company, by the unanimous vote or consent of the Members.

TENTH: The remaining Members of the Limited Liability Company, by the affirmative vote or consent of Members holding a majority of the Members' Percentage Interests (other than the Member who caused the Withdrawal Event), may continue the Limited Liability Company upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member or the occurrence of any other event which terminates the continued membership of a Member in the Limited Liability Company.

IN WITNESS WHEREOF, a Managing Member has executed and acknowledged these Articles of Organization on June 29, 2006.

In the presence of:

Melissa M. Zekor
print:

D. Patrick
D. PATRICK

Immonelle
print: Immonelle

STATE OF FLORIDA, COUNTY OF SARASOTA, ss.

The foregoing instrument was acknowledged before me on the 29 day of June 2006, by D. PATRICK.

Melissa M. Zekor
Notary Public
My commission expires on

Personally Known ☒ OR Produced Identification _____
Type of Identification Produced:



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