

L06000071241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Mr. Tami

Special Instructions to Filing Officer:

~~DATE~~ **DATE**

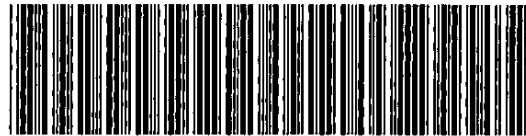
AUTHORIZATION BY PHONE TO

CORRECT date to 2006

DATE 7/18/06

BOE. EXAM Yes

Office Use Only



200077532452

07/17/06--01033--011 **130.00

EXPIRATION DATE
7/13/06

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUL 17 PM 3:35

B. Tadlock JUL 18 2006

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: United Medical Associates, LLC

(Proposed company name - must include suffix)

Enclosed is an original and one (1) copy of the Limited Liability Company and a check for:

☐ \$125.00
Filing fee & Designation
of Registered Agent

☒ \$130.00
Filing Fee, Designation of
Registered Agent, &
Certificate of Status

☐ \$160.00
Filing Fee, Designation
of Registered Agent,
Certified Copy, &
Certificate of Status

Please return all correspondence concerning this matter to the following:

C.J. Fiorini
1560 Grove Terrace
Winter Park, FL 32789

For Further information concerning this matter, please call: C.J. Fiorini at (407) 908-0848.

Street Address:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

ARTICLES OF ORGANIZATION

OF

UNITED MEDICAL ASSOCIATES, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUL 17 PM 3:35

The undersigned subscribers to this limited liability company, natural persons competent to contract, hereby form a limited liability company under the laws of the State of Florida.

ARTICLE I - NAME

The name of the Limited Liability Company is: United Medical Associates, LLC.

ARTICLE II - ADDRESS

The mailing address and the street address of the principal office of the Limited Liability Company is 1560 Grove Terrace, Winter Park, FL 32789.

ARTICLE III - REGISTERED AGENT

The registered agent of this company shall be:

NAME

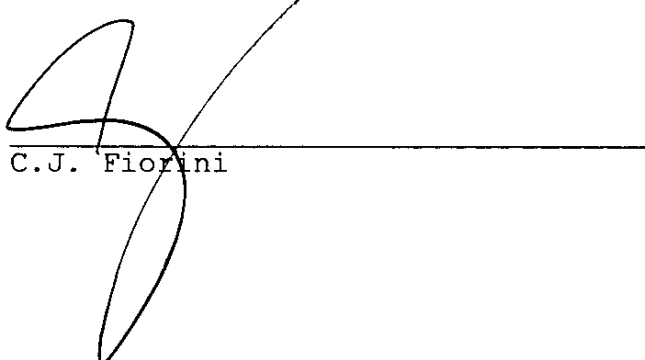
ADDRESS

C.J. Fiorini

1560 Grove Terrace
Winter Park, FL 32789

EFFECTIVE DATE
7/13/06

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.


C.J. Fiorini

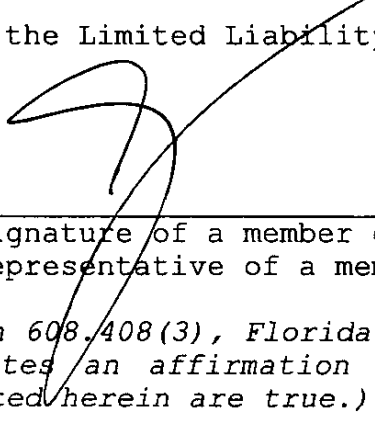
ARTICLE IV - MANAGEMENT

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

<u>Title:</u>	<u>Name and Address:</u>
Manager	C.J. Fiorini 1560 Grove Terrace Winter Park, FL 32789

ARTICLE V - EFFECTIVE DATE

The effective date of the Limited Liability Company is requested to be July 13, 2006.



Signature of a member or an authorized
representative of a member.

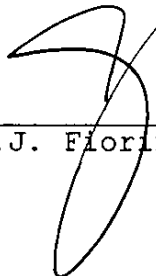
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

C.J. Fiorini
Printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

IN WITNESS WHEREOF, We have hereunto set our hands and seals, acknowledged and filed the foregoing Limited Liability Company under the laws of the State of Florida this 13th day of July 2006.



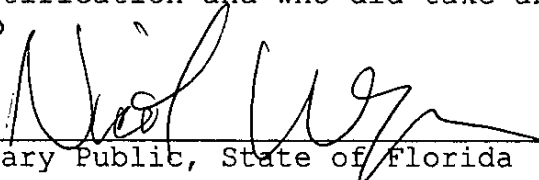
C.J. Fiorini

STATE OF FLORIDA)
)
COUNTY OF SEMINOLE)

The foregoing instrument was acknowledged before me this 13th day of July 2006, by C.J. Fiorini, who is personally known to me or who has produced driver's license as identification and who did take an oath.

FL DL # FL50-130-69-047-0

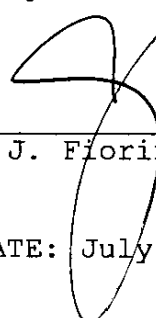




Notary Public, State of Florida
At Large

My Commission Expires:

Having been named as Registered Agent and to accept Service of Process for the above-stated company at the place designated herein, 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.



C.J. Fiorini

DATE: July 13, 2006