

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H06000182937 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : BUSINESS FILINGS
Account Number : 105256001620
Phone : (608) 827-5300
Fax Number : (608) 827-5501

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Robert Anderson PLLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED

06 JUL 18 PM 3:36

DIVISION OF CORPORATION

2006 JUL 18 AM 10:12

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

FAX AUDIT # H000001829373

**ARTICLES OF ORGANIZATION
OF
Robert Anderson PLLC**

ARTICLE I NAME

The name of the limited liability company shall be: **Robert Anderson PLLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 2603 Lazy Hammock Lane, Fort Pierce, Florida 34981.

ARTICLE III PURPOSE

The purpose for which the limited liability company is organized is: Medical Services

ARTICLE IV INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Robert Anderson, 2603 Lazy Hammock Lane, Fort Pierce, Florida 34981. Located in the County of Saint Lucie.


ARTICLE V DURATION

The duration for the limited liability company shall be: 12/31/2046.

ARTICLE VI MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

Robert Anderson, 2603 Lazy Hammock Lane, Fort Pierce, Florida 34981


Business Filings Incorporated, Organizer

Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,
Madison, WI 53717

(608) 827-5300

FAX AUDIT # H000001829373

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2006 JUL 18 AM 10:12


FAX AUDIT # H060001829373CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES,
THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE
STATE OF FLORIDA.

The name of the limited liability company is: **Robert Anderson PLLC**

The name and address of the registered agent and office is Robert Anderson, 2603 Lazy
Hammock Lane, Fort Pierce, Florida 34981. Located in the County of Saint Lucie.

Having been named as registered agent and to accept service of process for the above
stated 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.

Signature: 

Robert Anderson

Date: 7/15/2006

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2006 JUL 18 AM 10:12

FAX AUDIT # H060001829373