

L060000 73137

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

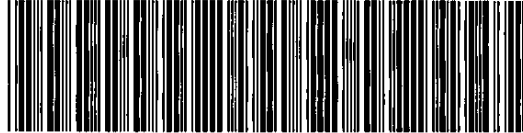
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

[Handwritten Signature]

Office Use Only



000077315730

RECEIVED

06 JUL 24 PM 3:59

DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

06 JUL 24 AM 8:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANYSM

1201 Hays Street
Tallahassee, FL 32301
850-521-1000
850-521-1010(fax)

FILED
06 JUL 24 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Account Number: 072100000032

Client Account Number: 810934

Cost Limit: 125.00

Authorization: [Signature]

Contact: Jessie Knight ex 2956

Corporation Name(s) & Document number(s)

1) Wayne M. Burr, M. D., P. L

2) _____

3) _____

4) _____

☒ Stamped Copy ☐ Certified Copy

Type of Filings:

New Filings	Amendment	Qualification
<input type="checkbox"/> Profit	<input type="checkbox"/> Amendment	<input type="checkbox"/> Profit
<input type="checkbox"/> NFP	<input type="checkbox"/> COA	<input type="checkbox"/> NFP
<input checked="" type="checkbox"/> LLC	<input type="checkbox"/> Dissolution/Withdrawal	<input type="checkbox"/> LLC
<input type="checkbox"/> LTD	<input type="checkbox"/> Merger	<input type="checkbox"/> LTD

Other:

☐ Annual Report ☐ Fictitious Name ☐ Reinstatement

ARTICLES OF ORGANIZATION**OF****WAYNE M. BURR, M.D., P.L.****FILED**
06 JUL 24 AM 8:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

THE UNDERSIGNED, CRAIG R. HERSCH, as authorized representative for the Company, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

ARTICLE I - NAME

The name of the limited liability company shall be **WAYNE M. BURR, M.D., P.L.**, ("Company"). The principal office of the Company in Florida shall be: 10997 Callaway Greens Court, Fort Myers, Florida 33913. The mailing address of the Company in Florida is: 10997 Callaway Greens Court, Fort Myers, Florida 33913.

ARTICLE II - DURATION

The Company shall commence its existence on the date these Articles of Organization are filed with the Florida Department of State. The Company's existence shall be perpetual unless the Company is dissolved as provided in these Articles of Organization.

ARTICLE III - PURPOSE AND POWERS

The general purpose for which the Company is organized is internal medicine practice. The Company shall have all the powers granted to a Limited Liability Company under the laws of the State of Florida.

ARTICLE IV - REGISTERED OFFICE AND AGENT

The name and street address of the Registered Agent of the Company in the State of Florida is:


CRAIG R. HERSCH
9100 College Pointe Court
Fort Myers, Florida 33919.

ARTICLE V - MANAGEMENT AND MEMBERS

The Company shall be a manager-managed company. The Operating Regulations adopted by the Company may contain any provisions for the regulation and management of the affairs of the Company

not inconsistent with Florida law or these Articles of Organization. The initial Manager and member of the Company is: WAYNE M. BURR

IN WITNESS WHEREOF, the undersigned authorized representative, has made and subscribed these Articles of Organization at Fort Myers, Florida, for the foregoing uses and purposes this 24th day of July, 2006.

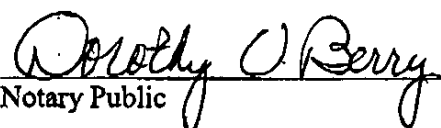

Craig R. Hersch
Authorized Representative

STATE OF FLORIDA

COUNTY OF LEE

The foregoing instrument was acknowledged before me this 24th day of July, 2006 by CRAIG R. HERSCH, who (☒) is personally known to me or () has produced N/A as identification.

(Seal)


Notary Public


Comm. Expires
Comm. No.



DOROTHY V. BERRY
Printed Notary Signature

ACCEPTANCE OF REGISTERED AGENT

Having been named as registered agent and to accept service of process for WAYNE M. BURR, M.D., P.L., 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. I am familiar with and accept the obligations of my position as registered agent, as provided for in Chapter 608, Florida Statutes.


Craig R. Hersch

Date: July 24, 2006