

L06000073986

(Requestor's Name)

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(Business Entity Name)

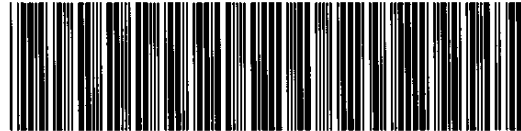
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RECEIVED
06 JUL 26 AM 10:43
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
06 JUL 26 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 267236 6099A

AUTHORIZATION :

COST LIMIT : \$ 125.00

06 JUL 26 PM 12:30
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : July 26, 2006

ORDER TIME : 9:57 AM

ORDER NO. : 267236-005

CUSTOMER NO: 6099A

DOMESTIC FILING

NAME: EMERGENCY MEDICAL EDUCATION,
LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kathy Drake - EXT. 2959

EXAMINER'S INITIALS: _____

**ARTICLES OF ORGANIZATION
OF
EMERGENCY MEDICAL EDUCATION, LLC**

FILED
06 JUL 26 PM 12:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned hereby forms and establishes a limited liability company under the laws of the State of Florida.

ARTICLE I

The name of this limited liability company is EMERGENCY MEDICAL EDUCATION, LLC ("Company").

ARTICLE II

This limited liability company shall have the perpetual existence from the date of filing these Articles with the Department of State unless sooner terminated by law.

ARTICLE III

The mailing address and street address of the Company's principal office is 6785 Columbia Avenue, Lake Worth, FL 33467. The Company may at its discretion, at any time, change the mailing address.

ARTICLE IV

The name and street address of the initial registered agent of this Company is Jennifer Keeler, 6785 Columbia Avenue, Lake Worth, FL 33467.

IN WITNESS WHEREOF, I have hereunto subscribed my name this 25 day of July, 2006.

**AUTHORIZED REPRESENTATIVE OF
MEMBER**

Daniel Doorakian
Daniel Doorakian

STATE OF FLORIDA)
COUNTY OF PALM BEACH)

The foregoing instrument was acknowledged before me this 25 day of July, 2005, by DANIEL DOORAKIAN, who is personally known to me, OR has produced _____ as identification.

Enid J. Nalerio

Notary Name _____

Notary Public

Serial (Commission) Number

(If any) _____

(NOTARY STAMP)



Enid J. Nalerio
MY COMMISSION # DD209557 EXPIRES
June 18, 2007
BONDED THRU TROY FAIN INSURANCE, INC.

I am familiar with and hereby acknowledge and accept the obligations of the Registered Agent for EMERGENCY MEDICAL EDUCATION, LLC.

Jennifer Keeler
Jennifer Keeler
Registered Agent