

## Florida Department of State

Division of Corporations Public Access System

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Division of Corporations

Fax Number : (850)205-0383

Account Name : HUBCO

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## ORIDA/FOREIGN LIMITED LIABILITY CO.

Medical Education Initiatives, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
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Electronic Filing Menu

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Help

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: Medical Education Initiatives, LLC

ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

6900 Cambridge Place Fort Myers, FL 33919

ARTICLE III - Registered Agent, Registered Office & Registered Agents Signature The name and Florida street address of the registered agent are:

Charles Abels Massie

Name

12065 Metro Parkway, Suite 101 (P.O. Box or Mail Drop Box NOT acceptable)

Fort Myers, FL 33912

(City/State/Zip)

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.

Registered Agent's Signature - Charles Abels Massie

ARTICLE IV - Management (Check box if applicable)

The Limited Liability Company is to be managed by one manager or more managers and is,

Therefore, a manager / managed countary

Mamber or 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.}

Dane C. Smith, Manager

Typed or printed name of signee