

L060000092708

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

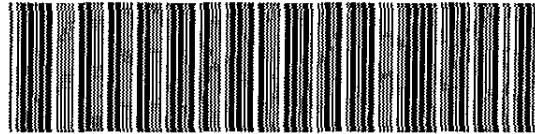
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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CRIDER CLARDY LAW FIRM

A Professional Association

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John Crider 1933-2005

John S. Clardy III

*† Admitted in FL and GA
Board Certified in Elder Law*



*Elder Law
Wills & Trusts
Probate & Estate Settlement
Estate and Gift Taxation
Senior Asset Protection
Nursing Home Litigation*

August 11, 2006

Glenda E. Hood
Secretary of State
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Articles of Organization for MICHAEL K. HERRON, MD, LLC

Dear Ms. Hood:

Enclosed please find an original and copy of Articles of Organization for filing with your office for the above referenced new LLC.

Also enclosed is a check in the amount of \$155 for the filing fees. After these Articles have been filed, please provide me with a certified copy of same.

Thank you for your attention in this matter.

Sincerely,

John S. Clardy III

JSC:kfg
Enclosures

ARTICLES OF ORGANIZATION OF LIMITED LIABILITY COMPANY

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I — Name:

The name of the Limited Liability Company is:

MICHAEL K. HERRON, M.D., LLC

ARTICLE II — Address:

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

1132 SE Kings Bay Drive, Crystal River, FL 34429

**Article III — Registered Agent, Registered Office
and Registered Agent's Signature:**

The name and the Florida street address of the initial registered agent are:

JOHN S. CLARDY III

521 W. Fort Island Trail
Plantation Pointe
Suite A
Crystal River, FL 34429

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. 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 under Chapter 608, Florida Statutes.

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


John S. Clardy III

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ARTICLE IV - Manager or Managing Member

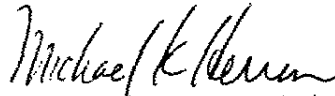
Title

Name and Address:

Manager/Member

Michael K. Herron, MD
1132 SE Kings Bay Drive
Crystal River, FL 34429

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 10th day of September, 2006.



Signature of Member or Authorized Representative
MICHAEL K. HERRON

(In accordance with section 608,408(3), Florida Statutes, the execution of this documents constituted an affirmation under the penalties of perjury that the facts stated herein are true.)

Filing Fee: \$100.00 for Articles of Organization
 \$25.00 for Designation of Registered Agent
 \$30.00 for Certified Copy Articles Organization