

LOG 0000 95112

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

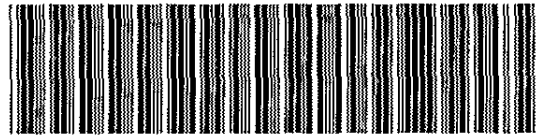
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06 SEP 28 AM 10:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 485161 9571A

AUTHORIZATION :

COST LIMIT : \$ 125.00

06 SEP 28 AM 10:09
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : September 27, 2006

ORDER TIME : 5:24 PM

ORDER NO. : 485161-005

CUSTOMER NO: 9571A

DOMESTIC FILING

NAME: ROBERTS & PELOTE, P.L.

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Pollye Janisse - EXT. 2954

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Roberts & Pelote, P.L.

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

1905 South 25th Street

Suite #100

Fort Pierce, FL 34947

Mailing Address:

1905 South 25th Street

Suite #100

Fort Pierce, FL 34947

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

James A. Roberts, M.D.

Name

1905 South 25th Street, Suite #100

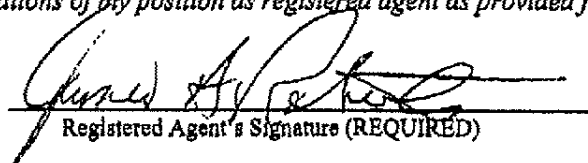
Florida street address (P.O. Box **NOT** acceptable)

Fort Pierce

FL 34947

City, State, and 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 (REQUIRED)

(CONTINUED)

Page 1 of 2

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06 SEP 28 AM 10:09
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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

James A. Roberts, M.D.

1905 South 25th Street, Suite #100

Fort Pierce, FL 34947

MGRM

Edward W. Pelote, M.D.

1905 South 25th Street, Suite #100

Fort Pierce, FL 34947

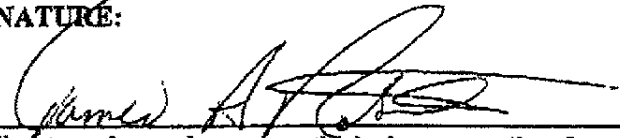
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Date of Filing (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI: PURPOSE; The purpose of this company is: **MEDICAL PRACTICE**

REQUIRED SIGNATURE:



Signature of a member or an 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.)

James A. Roberts, M.D.

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)