

LD7000018258

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

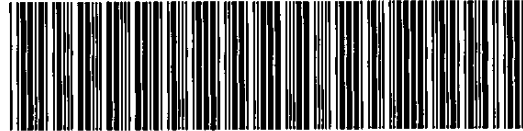
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800087113378

02/19/07--01003--001 **125.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 FEB 16 PM 2:58

RECEIVED

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

07 FEB 16 PM 3:42

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: KATIE WONSCH

DATE: 02/16/2007

REF. #: 000177.64149

CORP. NAME: AMMED MANAGEMENT SERVICES, LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 520239 **FOR \$** 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**ARTICLES OF ORGANIZATION
OF
AMMED MANAGEMENT SERVICES, LLC**

The undersigned, being authorized to execute and file these Articles of Organization of **AMMED MANAGEMENT SERVICES, LLC** (the "Limited Liability Company"), hereby certifies that:

ARTICLE I — Name:

The name of the Limited Liability Company is:

AmMed Management Services, LLC

ARTICLE II — Address:

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

6101 Central Avenue
St. Petersburg, Florida 33170

ARTICLE III — Duration:

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV — Registered Agent:

The name and address of the registered agent for service of process in the state shall be:

Thomas W. Brown, Jr.
6101 Central Avenue
St. Petersburg, Florida 33170

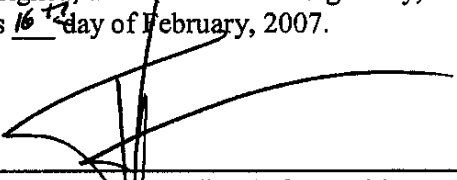
ARTICLE V — Management:

The Limited Liability Company will be a member-managed company.

* * * * *

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
07 FEB 16 PM 2:58

IN WITNESS WHEREOF, the undersigned, as an Authorized Signatory, has executed the foregoing Articles of Organization as of this 16th day of February, 2007.

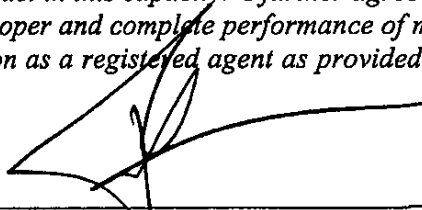


Thomas W. Brown, Jr., *Authorized Signatory*

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

AMMED MANAGEMENT SERVICES, LLC

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent as provided for in Chapter 608, Florida Statutes.

A handwritten signature in dark ink, appearing to read 'Thomas W. Brown, Jr.', is written over a horizontal line.

Thomas W. Brown, Jr.

Dated: February 16th 2007