

LOT0000020631

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

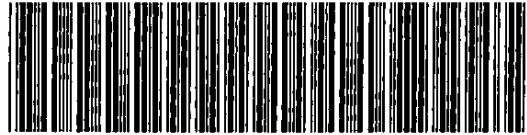
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600088886166

02/22/07--01034--018 \*\*160.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 FEB 22 AM 11:00

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** McCabe Medical, LLC

(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kristin Bond McCabe-Kline M.D.

(Name of Person)

McCabe Medical, LLC

(Firm/Company)

(until 7/1/07) 718 Carriage Hill Road, Simpsonville, SC 29681

(Address)

(after 7/1/07) 149 Island Estates Parkway, Palm Coast, FL 32137

(City/State and Zip Code)

For further information concerning this matter, please call:

Kristin Bond McCabe-Kline M.D.

(Name of Person)

at ( 864 )

907-8213

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☒ \$160.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

**Mailing Address**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

McCabe Medical, LLC

(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:

Florida Hospital Flagler Emergency Dept.

60 Memorial Medical Parkway

Palm Coast 32164

#### Mailing Address:

(until 7/1/07) 718 Carriage Hill Rd, Simpsonville, SC 29681

(after 7/1/07) 149 Island Estates Pkwy, Palm Coast, FL 32137

### 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:

Tara Newsom

Name

616 15th Avenue

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

St. Petersburg, FL 33704

City, State, and Zip

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
07 FEB 22 AM 11:00

*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..*

Tara Heather Newsom

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

**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:**

MGR

Kristin Bond McCabe-Kline M.D.

(until 7/1/07) 718 Carriage Hill Rd, Simpsonville, SC 29681

(after 7/1/07) 149 Island Estates Pkwy, Palm Coast, FL 32137

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the 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.)

**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.)

Kristin Bond McCabe-Kline M.D.

Typed or printed name of signer

**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)**