

LD70000028767

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

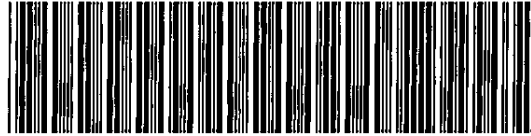
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MVPatient of Flagler, 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:

David Bellotti
(Name of Person)

MVPatient of Flagler, LLC
(Firm/Company)

4440 North Oceanshore Blvd., Suite 105
(Address)

Palm Coast, FL 32137
(City/State and Zip Code)

For further information concerning this matter, please call:

David Bellotti
(Name of Person)

at

(386) 689-1466
(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 A Florida Limited Liability Company

ARTICLE I - Name:

The name of the Limited Liability Company is:

MVPatient of Flagler, LLC

ARTICLE II - Address:

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

Principal Office Address:

MVPatient of Flagler, LLC

4440 North Oceanshore Blvd.

Suite 105

Palm Coast, FL 32137

Mailing Address:

MVPatient of Flagler, LLC

4440 North Oceanshore Blvd.

Suite 105

Palm Coast, FL 32137

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

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

David Bellotti

Name

4440 North Oceanshore Blvd., Suite 105

Florida Street Address (P.O. Box **NOT** acceptable)

Palm Coast, FL 32137

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)



Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

David Bellotti

4440 North Oceanshore Blvd., Suite 105
Palm Coast, FL 32137

MGRM

John Symeonides

4440 North Oceanshore Blvd., Suite 105
Palm Coast, FL 32137

(Use attachment if necessary)

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.)

David Bellotti

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)