

L07000036125

(Requestor's Name)

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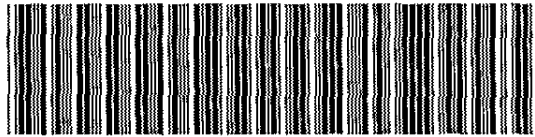
(Business Entity Name)

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04/04/07--01001--027 **155.00

FILED
07 APR -3 AM 10:36
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TALLAHASSEE, FLORIDA

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07 APR -3 PM 4:43
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: RICKY SOTO

DATE: 04/03/2007

REF. #: 001486.66482

CORP. NAME: AMY RAINES, D.O., P.L.

FILED
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TALLAHASSEE, FLORIDA

- | | | |
|--|---|---|
| <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# 520746 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- ☒ CERTIFIED COPY ☐ CERTIFICATE OF GOOD STANDING ☐ PLAIN STAMPED COPY
☐ CERTIFICATE OF STATUS

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 4, 2007

RICKY SOTO
CORPDIRECT AGENTS
TALLAHASSEE, FL

SUBJECT: AMY RAINES, D.O., P.L.
Ref. Number: W07000016304

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE

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TALLAHASSEE, FLORIDA
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TALLAHASSEE, FLORIDA

We have received your document for AMY RAINES, D.O., P.L. and your check totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$155.00 payment.

The articles for a professional limited liability company must contain a statement of the specific professional practice in which the company will engage.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Document Specialist

Letter Number: 607A00022761

PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE.

ARTICLES OF ORGANIZATION
OF
Amy Raines, D.O., P.L.
A Florida Limited Liability Company

FILED
07 APR -3 AM 10:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I – Name & Purpose

The name of the limited liability company is **Amy Raines, D.O., P.L.** (the "Company").
The purpose for which the Company is organized is the practice of medicine.

ARTICLE II - Principal Office

The mailing address and street address of the principal office of the Company is 515 East Park Avenue, Tallahassee, Leon County, FL 32301.

ARTICLE III - Duration

The period of duration for the Company shall be perpetual.

ARTICLE IV - Management

The Company is to be managed by the member and the name and address of the initial manager is:

Amy Raines, D.O.
325 Biscayne Blvd #2915
Miami, FL 33131

ARTICLE V - Admission of Additional Members

The limited liability company shall have at least one (1) member. The limited liability company may admit additional members in accordance with the provisions of the operating agreement of the company.

ARTICLE VI - Members' Rights to Continue Business

The death, retirement, resignation, expulsion, dissolution, bankruptcy, dissociation or withdrawal of any member, or the occurrence of any other event that terminates the continued membership of any member shall not cause the Company to be dissolved or its affairs to be wound-up, and upon the occurrence of any such event, the Company shall be continued without dissolution and without any affirmative action or requirement on the part of the members.

Stefanie Black Lewis, Authorized Representative

CERTIFICATE OF DESIGNATION
OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.407 OR 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is **Amy Raines, D.O., P.L.**
2. The name and Florida street address of the limited liability company's registered agent is CorpDirect Agents, Inc., 515 East Park Avenue, Tallahassee, FL 32301.

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.

CORPDIRECT AGENTS, INC.

By: 

Print Name: Patricia Tadlock

Title: Assistant Secretary