

LOT 0000 46038

Karl WATTS

(Requestor's Name)

1261 Yearling Trail

(Address)

(Address)

850-942-0727

Tallahassee, FL 32317

(City/State/Zip/Phone #)



PICK-UP



WAIT



MAIL

(Business Entity Name)

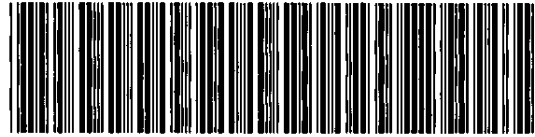
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FILED
07 MAY -2 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
RECEIVED
07 MAY -2 AM 8:57
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Stephen W. Duncan M.D. Building 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:

1845 Jacif Ct.
Tallahassee, FL 32308

Mailing Address:

Same

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:

Jane Watts
Name

1261 Yearling Trail
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee FL 32317
City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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..

Jane Watts
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Manager(s) or Managing Member(s):

Address of each Manager or Managing Member is as follows:

Name and Address:

Manager
Managing Member

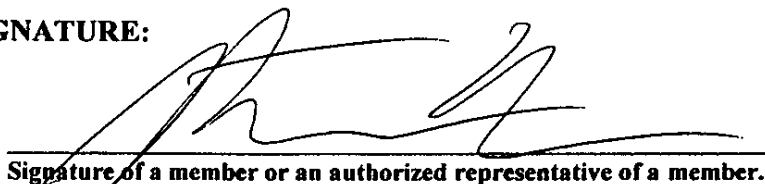
Stephen Duncan
4321 Jackson View Dr.
Tallahassee, FL 32303

Verena Fields
9541 Buck Haven Trail
Tallahassee FL 32312

(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.)

Stephen Duncan
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)