L07000061765

(Requestor's Name)		
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Do	ocument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer: 1	/
Special instructions to		/
10	ALL	• ·

Office Use Only



000102067950

06/12/07--01042--012 **155.00

SECRETARY OF STATE

RECEIVED
07 JUN 12 PM 1:5

FILED

AUSLEY & MCMULLEN

ATTORNEYS AND COUNSELORS AT LAW

227 SOUTH CALHOUN STREET
P.O. BOX 391 (ZIP 32302)
TALLAHASSEE, FLORIDA 32301
(850) 224-9115 FAX (850) 222-7560
Writer's Direct Line: (850) 425-5457

June 12, 2007

Secretary of State 2661 Executive Center Circle West Tallahassee, Florida 32301

Re: Gl Associates of Tallahassee, P.L.

Dear Madam/Sir:

Enclosed are an original and one copy of the Articles of Organization for **GI Associates of Tallahassee**, **P.L.**, a professional limited liability company. These Articles include Registered Agent and Registered Office designation for this company. Also enclosed is our check in the amount of:

□ \$125.00

Filing Fee

□ \$130.00 Filing Fee &

Certificate of Status

\$155.00

Filing Fee & Certified Copy (additional copy enclosed)

□ \$160.00

Filing Fee, Certified Copy &

Certificate of Status
(additional copy enclosed)

VIA HAND DELIVERY

CECKET STORY OF THE STORY OF TH

Please do not hesitate to call me at (850) 425-5457 if you have any questions. We will have our messenger return to pick up the certified copy and the certificate of filing.

Thank you in advance for your usual assistance in these matters.

Sincerely.

Donna Marie Walters

Donn Marie staten

Paralegal

/dmw
Enclosures
h:\tax\rap\gi assoc tih pi\itr\sos itr 20070612 giat pi arts.doc
019019.70757

ARTICLES OF ORGANIZATION OF GI ASSOCIATES OF TALLAHASSEE, P.L.

The undersigned, pursuant to the provisions of Chapter 621, Florida Statutes, provides the following information for the purpose of forming a Professional Limited Liability Company under the laws of the State of Florida.

ARTICLE 1. Name

The name of the Professional Limited Liability Company is **GI Associates Of Tallahassee**, **P.L.**

ARTICLE 2. Address

The street address of the place of business in Florida is:

227 South Calhoun Street Tallahassee, Florida 32301-1805

The mailing address of the place of business in Florida is:

P.O. Box 14507 Tallahassee, Florida 32317-4507

ARTICLE 3. Purpose

The purpose for which this Professional Limited Liability Company is formed is:

- A. to engage in every aspect and phase of the practice of medicine and related activities within the State of Florida; and to engage in any activities necessary and proper to facilitate and promote the practice of medicine through its officers and employees;
- B. to the extent not prohibited by the Professional Service Corporation and Limited Liability Company Act, to invest its funds in real estate, mortgages, stocks, bonds, and any other type of investments;
- C. to own or lease real or personal property necessary for the rendering of professional services; and



GI Associates of Tallahassee, P.L. ARTICLES OF ORGANIZATION Page 1 of 1 D. to engage in any or all other activities or business permitted under the Florida Professional Service Corporation and Limited Liability Company Act for the rendering of professional medical services and related activities consistent with the Florida Business Corporation Act.

ARTICLE 4. Registered Agent and Registered Office

The name and Florida street address of the initial registered agent in Florida for the Limited Liability Company are:

Robert A. Pierce 227 South Calhoun Street Tallahassee, Florida 32301-1805

Having been named as registered agent and as the person to accept service of process for the above-stated limited liability company at the place designated in these Articles, 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, Florida Statutes.

Robert A. Pierce, Registered Agent

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 1274 day of June, 2007.

IN ACCORDANCE WITH SECTION 608.408(3), FLORIDA STATUTES, THE EXECUTION OF THIS DOCUMENT CONSTITUTES AN AFFIRMATION UNDER PENALTIES OF PERJURY THAT THE FACTS STATED HEREIN ARE TRUE.

Robert A. Pierce

Authorized Representative of the Member