

L07000067894

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

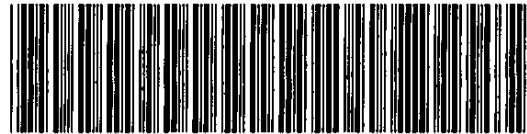
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500104740835

06/27/07--01012--019 \*\*160.00

AL  
FILED  
2007 JUN 27 P 2:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Tallahassee Cardiology Holding, 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:

Sandra K. Crutchfield  
(Name of Person)

Tallahassee Cardiology Associates, PA  
(Firm/Company)

2617 Mitcham Drive, Suite 105  
(Address)

Tallahassee, Florida 32308  
(City/State and Zip Code)

For further information concerning this matter, please call:

Sandra K. Crutchfield at ( 850 ) 656-7265  
(Name of Person) (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

FILED  
2007 JUN 21 P 2:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Tallahassee Cardiology Holding, 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:

#### Mailing Address:

Tallahassee Cardiology Associates  
2617 Mitcham Drive, Suite 102  
Tallahassee, Florida 32308

Tallahassee Cardiology Associates  
2617 Mitcham Drive, Suite 102  
Tallahassee, Florida 32308

### 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:

Sandra K. Crutchfield  
Name

2617 Mitcham Drive, Suite  
Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 32308  
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.*

Sandra K. Crutchfield  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED  
JUN 27 P 2:09  
TALLAHASSEE, FLORIDA

**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

Daniel Bachtel  
7434 Heartland Circle  
Tallahassee, Florida 32312

MGRM

Michelle D. Bachtel  
7434 Heartland Circle  
Tallahassee, Florida 32312

MGRM

Joseph C. Baker  
1807 Ox Bottom Lane  
Tallahassee, Florida 32312

MGRM

Neghesty Baker  
1807 Ox Bottom Lane  
Tallahassee, Florida 32312

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 7/1/2007 (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.)

FILED  
2007 JUN 27 2:09 PM  
CLERK OF DISTRICT COURT  
TALLAHASSEE, FLORIDA

**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.)

Michelle D. Bachtel  
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)