

W07 0000 82217

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

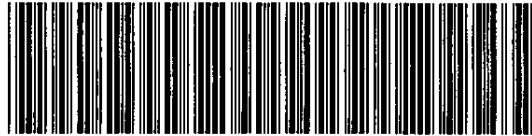
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TO: Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: Holiday On-Call Medical Care, LLC

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

James Wilson, Jr.
1807 Glenbay Court
Windermere, FL 34786

For further information concerning this matter, please call:

James Wilson, Jr.
(407) 258-8334

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee
- ☐ \$130.00 Filing Fee and Certificate of Status
- ☐ \$155.00 Filing Fee and Certified Copy
- ☒ \$160.00 Filing Fee, Certificate of Status, and Certified Copy

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I – Name:

The name of the Limited Liability Company is:

HOLIDAY ON-CALL MEDICAL CARE, LLC

ARTICLE II – Address:

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

9208 LARRETT DRIVE
ORLANDO, FL 32817

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

9208 LARRETT DRIVE
ORLANDO, FL 32817

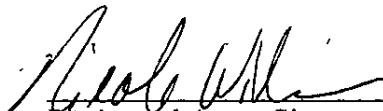
ARTICLE III – Registered Agent:

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

NICOLE WILSON
1807 GLENBAY COURT
WINDERMERE, FL 34786

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.

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FLORIDA



Registered Agent Signature

8-1-07

Date

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

THE LIMITED LIABILITY COMPANY SHALL BE A MANAGER-MANAGED COMPANY.

The name and address of each Manager is as follows:

TITLE:

NAME AND ADDRESS:

Manager

James Wilson, Jr.
1807 Glenbay Court
Windermere, FL 34786

Manager

Chad Smith
9208 Larrett Drive
Orlando, FL 32817

ARTICLE V – Effective Date:

The effective date of the Limited Liability Company shall be:

THE DATE OF FILING

ARTICLE VI – Purpose:

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

James B. Wilson Jr. (2)

REQUIRED SIGNATURE

James B. Wilson Jr

Signature of a member or an authorized representative of a member

James B. Wilson Jr

Typed or printed name of signee

8/1/2007

Date

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.

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