

08-28-07

12 pm

95932

T-2 P.0

F-956

L07000088204

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000215882 3)))



H070002158823ABCD

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 205-0383

From:
Account Name : PORTER, WRIGHT, MORRIS & ARTHUR
Account Number : 102233003533
Phone : (614) 227-1936
Fax Number : (239) 593-2990

RECEIVED

07 AUG 28 PM 12:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 AUG 28 AM 8:51

FILED

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Craig C. Davis, M.D., P.L.

| | |
|-----------------------|----------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 02 |
| Estimated Charge | \$130.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION
OF
CRAIG C. DAVIS, M.D., P.L.,
A FLORIDA PROFESSIONAL LIMITED LIABILITY COMPANY

The undersigned, for the purpose of forming a professional limited liability company under the Florida Limited Liability Company Act, Chapters 608 and 621, Florida Statutes, hereby makes, acknowledges, and files the following Articles of Organization.

ARTICLE I -- NAME

The name of the professional limited liability company shall be CRAIG C. DAVIS, M.D., P.L. (the "Company").

ARTICLE II -- ADDRESS

The mailing address of the Company shall be 3504 Cameo Lane NE, Rochester, Minnesota 55906. The street address of the initial principal office of the Company shall be 3504 Cameo Lane NE, Rochester, Minnesota 55906.

ARTICLE III -- DURATION

The Company shall commence its existence on the date these Articles of Organization are filed by the Florida Department of State. The Company's existence shall be perpetual unless the Company is earlier dissolved as provided in these Articles of Organization or in the Company's Operating Agreement.

ARTICLE IV -- REGISTERED OFFICE AND AGENT

The name and street address of the initial registered agent of the Company in the State of Florida are Linda R. Minck, Esquire, 5801 Pelican Bay Blvd., Suite 300, Naples, Florida 34108.

ARTICLE V -- PURPOSE

The Company may engage in each and every aspect of the general practice of medicine and such other activities related to or incidental thereto, but only through its members, officers, employees, and agents who are duly licensed or otherwise legally authorized to render such professional services in the state of Florida.

ARTICLE VI -- MANAGEMENT

The Company shall be managed by a Manager(s) in accordance with the Operating Agreement adopted by the members for the management of the business and affairs of the Company. A member of the Company may serve as the Manager. The Operating Agreement

SECRETARY OF STATE
TALLAHASSEE, FLORIDA


07 AUG 28 AM 8:51

FILED

may contain any provisions for the regulation and management of the affairs of the Company not inconsistent with law or these articles of organization. At the time that these Articles are executed, the Manager is as follows:

Craig C. Davis, M.D.
3504 Cameo Lane NE
Rochester, MN 55906

IN WITNESS WHEREOF, the undersigned organizer has made and subscribed these Articles of Organization at Naples, Florida, on this 27th day of August, 2007.

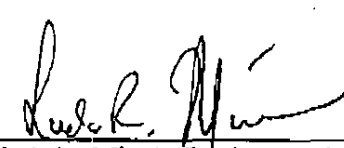

Linda R. Minck

Authorized Representative of Member

ACCEPTANCE OF REGISTERED AGENT

The undersigned, being the person named in the Articles of CRAIG C. DAVIS, M.D., P.L., as the registered agent of this limited liability company, hereby consents to accept service of process for the above-stated company at the place designated in the Articles of Organization, and accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of her duties, and is familiar with and accepts the obligations of the position of registered agent.

Date: August 22nd 2007.


Linda R. Minck, Registered Agent

FILED

07 AUG 28 AM 8:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**PORTER
WRIGHT
MORRIS &
ARTHUR** LLP
Attorneys and
Counselors at Law

5801 Pelican Bay Boulevard
Suite 300
Naples, Florida 34108-2709
Main Telephone #: 800-876-7962
Main Facsimile #: 239-593-2990

Facsimile Cover Sheet

SENDER'S FACSIMILE RECEIVING #: 239-593-2990

IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR OR IF YOU HAVE ANY PROBLEMS RECEIVING THIS COMMUNICATION, PLEASE CALL 239-593-2900 IMMEDIATELY. THANK YOU.

THE INFORMATION CONTAINED IN THIS COMMUNICATION IS CONFIDENTIAL AND SUBJECT TO ATTORNEY-CLIENT, WORK PRODUCT, OR OTHER LEGAL PRIVILEGE. THIS COMMUNICATION IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY NAMED AS RECIPIENT. IF THE READER OF THIS COMMUNICATION IS NOT THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT ANY DISSEMINATION, DISTRIBUTION OR COPYING OF THIS COMMUNICATION IS STRICTLY PROHIBITED.

Date: August 28, 2007 User: 5516 Client Matter #: _____

TOTAL NUMBER OF PAGES INCLUDING COVER SHEET: _____

4

PLEASE DELIVER TO:

| NAME | FIRM | FACSIMILE #: | CONFIRMATION #: |
|--------------------------------|------------------------|--------------|-----------------|
| 1. Division of Corporations | Florida Dept. of State | 850-205-0383 | |
| RE: Craig C. Davis, M.D., P.L. | | | |
| Fax Audit No. H070002158823 | | | |

Comments:

Please file the attached regarding the above-referenced limited liability company:

1. Articles of Organization; and
2. Acceptance of Registered Agent.

We have requested a certificate of status of same.

Thank you.

From: Linda R. Minck, Esq. Phone No. 239-593-2967

THE ORIGINAL OF THIS DOCUMENT WILL BE SENT BY:

☐ ORDINARY MAIL
☐ MESSENGER☐ OVERNIGHT DELIVERY SERVICE
☒ THIS WILL BE THE ONLY FORM OF DELIVERY