

L08000039925

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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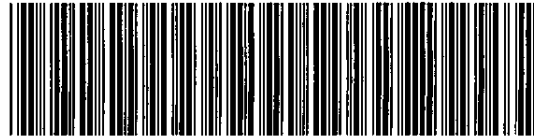
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE FLORIDA

N. Collins APR 22 2008

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Southland Medical Solutions of FL, PL
(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:

Paul D. Hart MD

(Name of Person)

Southland Medical Solutions of FL, PL

(Firm/Company)

1706 15th ST

(Address)

Niceville, FL 32578

(City/State and Zip Code)

For further information concerning this matter, please call:

Linda M. Bell

(Name of Person)

at (**352**) **472-7773**

(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 2, 2008

PAUL D. HART MD
SOUTHLAND MEDICAL SOLUTIONS OF FL, PL
1706 15TH STREET
NICEVILLE, FL 32578

SUBJECT: SOUTHLAND MEDICAL SOLUTIONS OF FL, PL
Ref. Number: W08000017026

We have received your document for SOUTHLAND MEDICAL SOLUTIONS OF FL, PL and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A brief description of the entity's nature of business must be included in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 408A00019468

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Southland Medical Solutions of FL, PL

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

C/O Paul D Hart MD

1706 15th ST

Niceville, FL 32578

Mailing Address:

C/O Linda M Bell

7004 NW 52 Ter

Gainesville, FL 32653

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:

Linda M. Bell

Name

7004 NW 52 Ter

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

Gainesville, FL 32653

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.

Linda M Bell

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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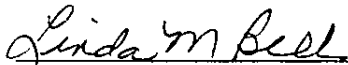
PAGE 1, CONTINUED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Southland Medical Solutions of FL, PL

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

TO ENGAGE IN ANY LAWFUL BUSINESS IN PURSUIT OF RENDERING
MEDICAL SERVICES TO THE PUBLIC BY AND THROUGH LICENSED MEDICAL
PRACTITIONERS.

A handwritten signature in cursive script, reading "Linda M. Bell", is written over a horizontal line.

Linda M. Bell, Registered Agent

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

Paul D. Hart MD

1706 15th ST

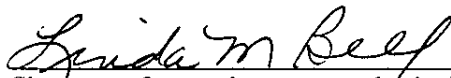
Niceville, FL 32578

(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.)

Linda M. Bell

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)

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TALLAHASSEE FLORIDA

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