

L080000083602

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.

((H08000205801 3)))



H080002058013ABCY

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)617-6383

From:
Account Name : THE FLORIDA COMPANY
Account Number : I20060000001
Phone : (608)827-5300
Fax Number : (608)824-0405

2008 SEP -2 A 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Alternative Medical Services LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

A. LUNT

SEP - 3 2008

EXAMINER

RECEIVED

08 SEP -2 AM 11:18

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

FAX AUDIT # H08000205801 3

**ARTICLES OF ORGANIZATION
OF
Alternative Medical Services LLC**

ARTICLE I NAME

The name of the limited liability company shall be: **Alternative Medical Services LLC**

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 122 Maplecrest Circle, Jupiter, Florida 33458.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Business Filings Incorporated, 1203 Governors Square Blvd, Suite 101, Tallahassee, Florida 32301-2960. Located in the County of Leon.

ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2048.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Members and the names and addresses of the members of the Limited Liability Company are:

Jeanette Schutz, 122 Maplecrest Circle, Jupiter, Florida 33458
Mary Ann Cabrera, 122 Maplecrest Circle, Jupiter, Florida 33458



The Florida Incorporating Company, Organizer
Mark Williams, Asst. Vice President.
Authorized Representative

Prepared by Mark Williams, A.V.P., The Florida Incorporating Company, 8040 Excelsior Dr., Suite 200, Madison, WI 53717
(608) 827-5300

FAX AUDIT # H08000205801 3

FILED
2008 SEP - 2 A 10:59
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

FAX AUDIT # **H08000205801 3**

CERTIFICATE OF DESIGNATION OF REGISTERED
AGENT/REGISTERED OFFICE


PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: **Alternative Medical Services LLC**

The name and address of the registered agent and office is Business Filings Incorporated, 1203 Governors Square Blvd, Suite 101, Tallahassee, Florida 32301-2960. Located in the County of Leon.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature:


Mark Williams, Asst. Vice President
Business Filings Incorporated.

Date: September 2, 2008

2008 SEP -2 A 10:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

FAX AUDIT # **H08000205801 3**