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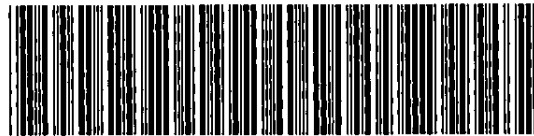
(Business Entity Name)

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

B. KOHR

OCT 10 2008

EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-14**

**CONTACT:**      ASHLEY SMITH

**DATE:**            10-10-2008

**REF. #:**           001641.94230

**CORP. NAME:**   MARK F. HARPER M.D., P.L.

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TALLAHASSEE, FLORIDA

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

**STATE FEES PREPAID WITH CHECK#** 527892 **FOR \$** 155.00

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

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| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

**ARTICLES OF ORGANIZATION  
FOR MARK F. HARPER M.D., P.L.**

**ARTICLE I - NAME**

The name of the professional limited liability company is Mark F. Harper M.D., P.L.

**ARTICLE II - ADDRESS**

The mailing address and the principal office address is 46 North Washington Boulevard, Suite #1, Sarasota, Florida, 34236.

**ARTICLE III - PURPOSE**

The purpose of the professional limited liability company is to engage in the practice of medicine and to do any and all things necessary, convenient or incidental to that purpose. The limited liability company shall have as members only other professional limited liability companies, professional corporations, or individuals who themselves are duly licensed or otherwise legally authorized to render the same professional service as the limited liability company.

**ARTICLE IV - REGISTERED AGENT, REGISTERED OFFICE AND  
REGISTERED AGENT'S SIGNATURE**

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

LPS Corporate Services, Inc.  
46 North Washington Blvd., Suite 1  
Sarasota, FL 34236

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

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duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

LPS CORPORATE SERVICES, INC., a  
Florida corporation

By: 

Michael E. Siegel, Esq.  
Its Vice President

#### **ARTICLE IV - MANAGEMENT**

The professional limited liability company is to be managed by its member or members and is, therefore, a member-managed company. The name and address of the initial managing member is Mark F. Harper M.D., c/o LPS Corporate Services Inc., 46 North Washington Boulevard, Suite 1, Sarasota, FL 34236.

#### **ARTICLE V — LIMITATION ON AGENCY AUTHORITY OF MEMBERS:**

No member of the company shall be an agent of the company solely by virtue of being a member.

Dated: October 10, 2008

  
Michael E. Siegel  
Authorized Representative of a Member