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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

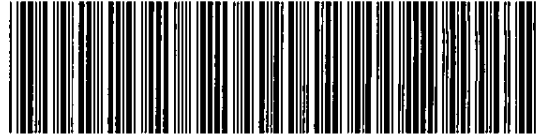
(Business Entity Name)

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J. BRYAN

OCT 30 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT Shannon Scheufler M.D., LLC

(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:

Shannon Scheufler M.D.

(Name of Person)

Shannon Scheufler M.D., LLC

(Firm/Company)

543-A Fountain St

(Address)

Pensacola, FL 32503

(City/State and Zip Code)

For further information concerning this matter, please call:

Shannon Scheufler M.D. at () (850) 501-5766

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following filing fee amount:

\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee

Certificate of Status

Certified Copy (additional copy enclosed)

✓ \$160.00

Certificate of Status & Certified Copy
(additional copy is enclosed)

Mailing Address

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314 2661

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
Executive Center Circle
Tallahassee, FL 32301

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

ARTICLE I - Name:

The name of the Limited Liability Company is: Shannon Scheufler M.D., LLC

ARTICLE II - Address:

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

Principal Office Address:

543-A Fontaine Street
Pensacola, FL 32503

Mailing Address:

543-A Fontaine Street
Pensacola, FL 32503

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:

Shannon Scheufler, MD
543A Fontaine Street
Name
Florida St address (can not use a P.O. Box)
Pensacola, FL 32503
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..


Registered Agent's Signature (REQUIRED)

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

The name and address of each Manager or Managing Member is as follows:

Title: _____ **Name and Address:** _____

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Shannon Scheufler M.D.

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:

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Shannon Scheufler MD
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.)

Shannon Scheufler, M.D.
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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