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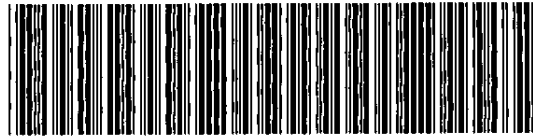
(Business Entity Name)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR
MAR 31 2009
EXAMINER

FILED
09 MAR 30 AM 8:15
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: ASHLEY SMITH
DATE: 03-19-2009
REF. #: 000672.101572
CORP. NAME: H.H. FRANKLIN, PL

FILED
09 MAR 30 AM 8:15
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

- | | | |
|--|---|---|
| <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# _____ FOR \$ 130.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$ _____**

PLEASE RETURN:

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| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

ARTICLES OF ORGANIZATION
OF

H. H. FRANKLIN, PL

FILED
09 MAR 30 AM 8:15
TALLAHASSEE, FLORIDA

1. Name. The name of this limited liability company is **H. H. FRANKLIN, PL** (the "Company"), and it shall be formed as a professional limited liability company under Chapter 621 of the laws of the State of Florida.

2. Duration. The Company shall exist from the date of filing of these Articles of Organization with the Florida Secretary of State, and the Company's existence shall be perpetual.

3. Purpose. The general nature of the business to be transacted by the Company is to engage in every phase and aspect of the business of rendering the same professional services to the public that a doctor of medicine, duly licensed under the laws of the State of Florida, is authorized to render, but such professional services shall be rendered only through members, officers, employees and agents of the Company who are duly licensed under the laws of the State of Florida to perform said services.

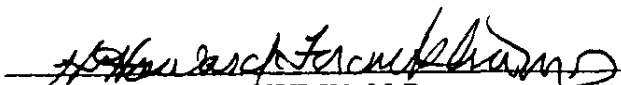
4. Place of Principal Office. The mailing and street address of the Company's principal office is 4939 Anniston Circle, Tampa, Florida 33647.

5. Registered Agent and Office. The name of the initial registered agent of the Company is H. Howard Franklin, M.D. The street address of the initial registered agent of the Company is 4939 Anniston Circle, Tampa, Florida 33647.

6. Management of the Company. The management of the Company shall be vested in the managing member of the Company. The initial managing member of the Company is H. Howard Franklin, M.D., whose address is 4939 Anniston Circle, Tampa, Florida 33647.

7. Operating Agreement. The members shall have the power to adopt, alter, amend, or repeal the Operating Agreement of the Company containing provisions for the regulation and management of the affairs of the Company.

The undersigned executed these Articles of Organization on the 17th day of March, 2009. (In accordance with Section 608.408(3), *Florida Statutes*, the execution of these Articles constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)


H. HOWARD FRANKLIN, M.D.
Member

ACCEPTANCE BY REGISTERED AGENT

Having been named Registered Agent and designated to accept service of process for the within-named Company, at the place designated herein, and being familiar with the obligations of that position, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties.


H. HOWARD FRANKLIN, M.D.

Dated: March 17 2009