

LD9000031132

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

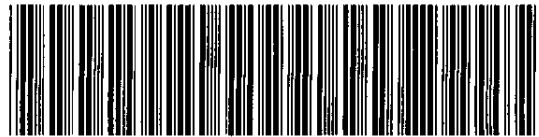
Special Instructions to Filing Officer:

LD90000012498

Office Use Only

EFFECTIVE DATE

5/16/09



000145721500

03/16/09--01028--009 \*\*130.00

DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

09 MAR 31 PM 4:02

FILED

D. BRUCE

MAR 1 2009

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: South Main Investments, 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:

John S. Martin, III

(Name of Person)

Physician Staffing, Inc.

(Firm/Company)

30680 Bainbridge Road

(Address)

Solon, Ohio 44139

(City/State and Zip Code)

For further information concerning this matter, please call:

Jennifer Hayes

(Name of Person)

at ( 440 ) 542-5000

(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

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09 MAR 31 PM 4:02  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 17, 2009

JOHN S. MARTIN, III  
PHYSICAL STAFFING, INC.  
30680 BAINBRIDGE ROAD  
OLON, OH 44139

SUBJECT: SOUTH MAIN INVESTMENTS, LLC  
Ref. Number: W09000012498

We have received your document for SOUTH MAIN INVESTMENTS, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on March 16, 2009. Please amend your document accordingly.

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) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 009A00008999

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09 MAR 31 PM 4:02  
TALLAHASSEE, FLORIDA  
DEPARTMENT OF STATE

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

South Main Investments, LLC

(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:

481 21st Ave S  
Naples, FL 34102

#### Mailing Address:

30680 Bainbridge Road  
Solon, Ohio 44139

### 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:

John S. Martin, III

Name

481 21st Ave S

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

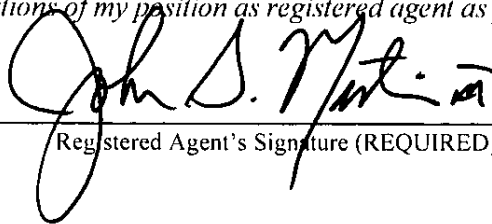
Naples, FL 34102

FL

City, State, and Zip

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09 MAR 31 PM 4:02  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

*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)

EFFECTIVE DATE

5/16/09

(CONTINUED)

Page 1 of 2

**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:**

MGMR

John S. Martin, III

481 21st Ave S

Naples, FL 34102

MGMR

David A. Martin

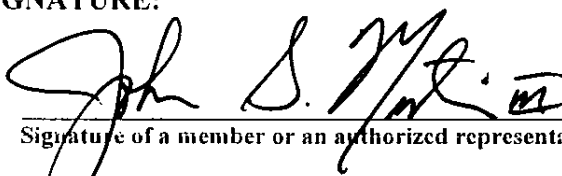
35521 Quartermane Circle

Solon, Ohio 44139

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 5-16-2009. (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.)

John S. Martin, III

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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09 MAR 31 PM 4:02  
SECRETARY OF STATE  
TALLAHASSEE  
FLORIDA