

L09000043951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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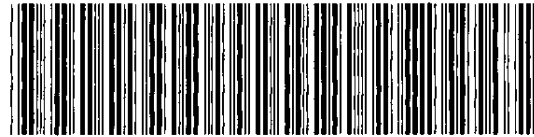
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/06/09--01014--010 **155.00

RECEIVED

09 MAY - 6 AM 11:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

09 MAY - 6 PM 1:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. KOHR

MAY - 6 2009

EXAMINER

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

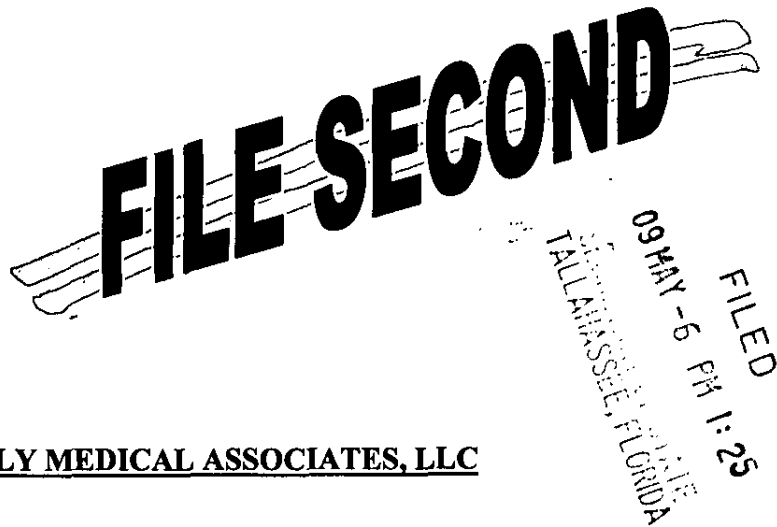
FILING COVER SHEET
ACCT. #FCA-14

CONTACT: RICKY SOTO

DATE: 05/06/2009

REF. #: 000447.103966.2

CORP. NAME: 1ST AMERICAN FAMILY MEDICAL ASSOCIATES, LLC



- | | | |
|---|---|---|
| <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 checked="" type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 530193 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- ☒ CERTIFIED COPY ☐ CERTIFICATE OF GOOD STANDING ☐ PLAIN STAMPED COPY
☐ CERTIFICATE OF STATUS

Examiner's Initials

ARTICLES OF ORGANIZATION

OF

1ST AMERICAN FAMILY MEDICAL ASSOCIATES, LLC

FILED
09 MAY -6 PM 1:25
TALLAHASSEE, FLORIDA

The undersigned authorized representative does hereby certify that the persons so identified herein have associated themselves together for the purpose of forming a limited liability company (the "Company") under the laws of the State of Florida.

**ARTICLE I
NAME**

The name of the Company shall be: **1st American Family Medical Associates, LLC**

**ARTICLE II
ADDRESS AND PLACE OF BUSINESS**

The Company's mailing address is 120 Medical Blvd, Suite 103, Spring Hill, Florida 34609 and the Company's principal address is 120 Medical Blvd, Suite 103, Spring Hill, Florida 34609.

**ARTICLE III
PERIOD OF DURATION**

The period of duration of the Company shall be three (3) years from the date these Articles are filed with the Florida Secretary of State.

**ARTICLE IV
GENERAL POWERS**

The Company is formed for the purpose of conducting and undertaking, and shall have the power to conduct and undertake, any and all activities and actions authorized under the Florida Limited Liability Company Act, Chapter 608, Florida Statutes.

**ARTICLE V
MANAGEMENT**

The Company shall be managed by its members in accordance with the operating agreement of the Company (the "Operating Agreement"). The Company has two members, whose names and addresses are as follows:

**ARTICLES OF ORGANIZATION
OF 1ST AMERICAN FAMILY MEDICAL ASSOCIATES, LLC
PAGE 2**

Jeffrey S. Grove, D.O.
12020 Seminole Boulevard
Largo, Florida 33778

Dr. Robert G. Blackburn
10494 Northcliffe Boulevard
Spring Hill, FL 34608

No contract, agreement, or instrument shall be binding upon the Company unless executed by both of the Members or their permitted successors or designees.

**ARTICLE VI
REGISTERED OFFICE AND REGISTERED AGENT**

The street address of the Company's initial registered office in Florida is 515 East Park Avenue, Tallahassee, Florida 32301, and the name of its initial registered agent is CorpDirect Agents, Inc. The Company may change its registered office or its registered agent or both by filing with the Department of State of the State of Florida a statement complying with Section 608.416, Florida Statutes.

**ARTICLE VII
ACKNOWLEDGMENT**

The members of the Company, through their undersigned authorized representative, do hereby certify that the foregoing constitutes the proposed Articles of Organization of **1st American Family Medical Associates, LLC**. These Articles of Organization may be amended from time to time by consent of the members in the manner now or hereafter prescribed in the Company's Operating Agreement, consistent with the laws of the State of Florida.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization this 30th day of April, 2009.



Richard T. Jones, Authorized Representative

**ARTICLES OF ORGANIZATION
OF 1ST AMERICAN FAMILY MEDICAL ASSOCIATES, LLC
PAGE 3**

ACCEPTANCE BY REGISTERED AGENT

Having been appointed the registered agent of **1st American Family Medical Associates, LLC**, the undersigned accepts such an appointment, agrees to act in such capacity and accepts the obligations proposed by Section 608.415, Florida Statutes.

EXECUTED this 6th day of May, 2009.

CORPDIRECT AGENTS, INC.

By: 

Name: Ricky Soto

Title: Asst. Secretary

AFFIDAVIT

STATE OF FLORIDA)

COUNTY OF ~~HERNANDO~~)
Pinellas

BEFORE ME, the undersigned authority, this day personally appeared **JEFFREY S. GROVE**, D.O. ("Affiant"), who being by me first duly sworn, deposes and says:

1. Affiant is the Manager of 1ST **AMERICAN FAMILY MEDICAL ASSOCIATES, LLC**, a Florida limited liability company (the "Company").

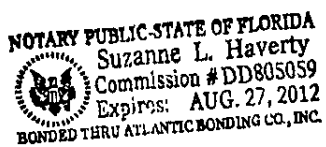
2. The Company intends to file a name change amendment with the Florida Secretary of State's office to change its name to Osteopathic Heritage Group, LLC.

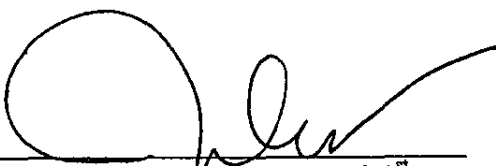
3. Affiant desires to form a new Florida limited liability company with the name 1ST **AMERICAN FAMILY MEDICAL ASSOCIATES, LLC**, a Florida limited liability company (the "New LLC").

4. The Company and the New LLC will initially be owned and managed by the same Members and Manager.

5. Pursuant to Section 608.406(2) of the Florida Statutes, the Company hereby consents to the use of the name 1ST **AMERICAN FAMILY MEDICAL ASSOCIATES, LLC**, by the new LLC as part of a reorganization of its business.

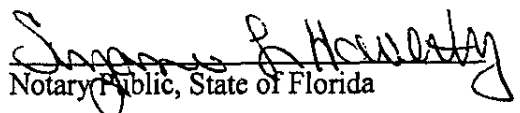
FURTHER AFFIANT SAYETH NOT.





JEFFREY S. GROVE, as Manager of 1st
American Family Medical Associates, LLC

SWORN TO AND SUBSCRIBED before me this 8 day of April, 2009, by **JEFFREY S. GROVE**, as the Manager of 1st American Family Medical Associates, LLC, a Florida limited liability company, who is personally known to me or produced _____ as identification.



Notary Public, State of Florida

Suzanne L. Haverty
Notary's Printed Name
My Commission Expires: AUG 27, 2012