

05-28-09

03:00pm

F-317 RUDEN, MCCLOSKEY, SMITH, SCHUSTER & RUSSELL, P.A.

854

T-61

P-11

F-317

L09 0000 51 727

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H09000131093 3)))



H090001310933ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : RUDEN, MCCLOSKEY, SMITH, SCHUSTER & RUSSELL, P.A.
Account Number : 076077000521
Phone : (954) 527-2428
Fax Number : (954) 333-4001

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Protection Medical Archive, LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

Electronic Filing Menu

Corporate Filing Menu

Help

M. THOMAS

MAY 29 2009

<https://efile.sunbiz.org/scripts/efilcovr.exe>

5/28/2009

EXAMINED

RECEIVED

09 MAY 28 PM 4:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 MAY 28 PM 4:05

FILED

**ARTICLES OF ORGANIZATION
OF
PROTECTION MEDICAL ARCHIVE, LLC
a Florida Limited Liability Company**

The undersigned, pursuant to the provisions of Chapter 608 of the Florida Statutes, for the purpose of forming a Limited Liability Company under the laws of the State of Florida do set forth the following:

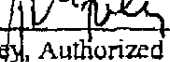
1. NAME The name of the Limited Liability Company is PROTECTION MEDICAL ARCHIVE, LLC (the "Company").

2. STREET ADDRESS OF PRINCIPAL OFFICE The street address for the Company is: 423 Fern Street, Suite 200, West Palm Beach, Florida 33401.

3. MAILING ADDRESS OF THE COMPANY The mailing address for the Company is P.O. Box 7321, West Palm Beach, Florida 33405-7321.

4. REGISTERED AGENT The name and address of the initial registered agent in the State of Florida, whose Consent to Appointment as Registered Agent accompanies these Articles of Organization, is: John A. Foley, 423 Fern Street, Suite 200, West Palm Beach, Florida 33401.

The undersigned has executed these Articles of Organization on the 28th day of May, 2009.

By: 
John A. Foley, Authorized Representative

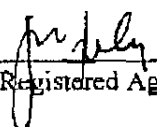
**CERTIFICATION OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: PROTECTION MEDICAL ARCHIVE, LLC.
2. The name and address of the registered agent and office is:

John A. Foley
423 Fern Street, Suite 200
West Palm Beach, Florida 33401

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 its 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


John A. Foley, Registered Agent

May 28, 2009
(Date)

FILED
MAY 28 AM 9:03