

W9000093203

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

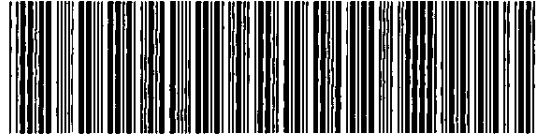
(Business Entity Name)

(Document Number)

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

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09/16/09--01024--004 \*\*125.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 SEP 25 PM 2:29

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T. CLINE

SEP 28 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 25, 2009

ASHLEY ROBINSON  
p.o. box 757  
TALLEVAST, FL 34270

SUBJECT: PROFESSIONAL MEDICAL TRAINING, LLC  
Ref. Number: W09000041769

We have received your document for PROFESSIONAL MEDICAL TRAINING, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org).

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is P05000144513.

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) 245-6020.

Tammi Cline  
Regulatory Specialist II

Letter Number: 409A00030653

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 17, 2009

ASHLEY ROBINSON  
1725 76TH AVE DR E  
TALLEVAST, FL 34270

SUBJECT: PROFESSIONAL MEDICAL TRAINING, LLC  
Ref. Number: W09000041769

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Tammi Cline  
Regulatory Specialist II

Letter Number: 409A00030653

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TALLAHASSEE, FL  
SECRETARY OF STATE

Resubmission:

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Professional Medical Training Academy,  
Name of Limited Liability Company LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ashley Robinson  
Name of Person  
Professional Medical Training Academy,  
Firm/Company LLC  
PO Box 757  
Address  
Tallevast FL 34270  
City/State and Zip Code  
arobins2@health.usf.edu  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ashley Robinson at 941 527-7390  
Name of Person 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)
- already paid

**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

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Professional Medical Training Academy, 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:**

1725 76th Ave Dr E  
Tallahassee FL 32310

**Mailing Address:**

PO Box 757  
Tallahassee FL 32310

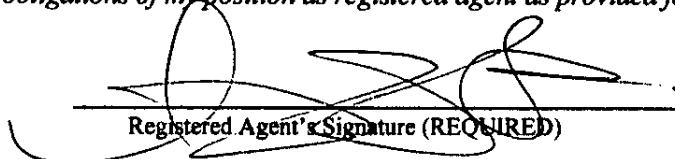
**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature**

(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:

Ashley Robinson  
Name  
1725 76th Ave Dr E  
Florida street address (P.O. Box **NOT** acceptable)  
Tallahassee FL 32310  
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)

(CONTINUED)

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CLERK OF STATE  
TALLAHASSEE, FLORIDA

**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

MGR

**Name and Address:**

Ashley Robinson  
PO Box 1757  
Tallahassee FL 32313

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

STATE OF FLORIDA  
ALLAH ASSESSMENT

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**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:**

  
\_\_\_\_\_  
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.)

Ashley Robinson  
\_\_\_\_\_  
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)**