

LD9000103562

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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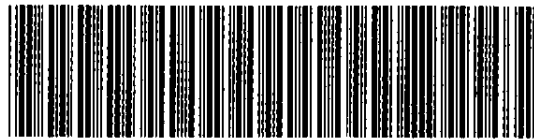
(Business Entity Name)

(Document Number)

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T. CLINE

OCT 27 2009

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Gulf Coast EMS, 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:

Joe M. Chambers

Name of Person

Johnston Hinesley Flowers Clenney & Turner, P.C.

Firm/Company

291 N. Oates Street

Address

Dothan, Alabama 36303

City/State and Zip Code

jchambers@jhfc-law.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joe M. Chambers

Name of Person

at ( 334 ) 793-1115

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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**ARTICLES OF ORGANIZATION  
OF  
GULF COAST EMS, LLC**

**ARTICLE I - Name:**

The name of the limited liability company is **Gulf Coast EMS, LLC** (the "Company").

**ARTICLE II - Address:**

The mailing address of Limited Liability Company and the street address of the principal office of the Limited Liability Company is 192 Paulson Road, Newton, Alabama 36352.

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

The name and the Florida street address of the registered agent is Bo Rivard, 101 Harrison Avenue, Panama City, Florida 32401.

*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 provided for in Chapter 608 of the Florida Statutes.*

  
\_\_\_\_\_  
Signature of Registered Agent

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**ARTICLE IV - Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

**Name and Address:**

"MGR"= Manager

"MGRM" = Managing Member

Deborah M. Pilcher (MGR)

192 Paulson Road  
Newton, Alabama 36352

**REQUIRED SIGNATURE:**

Deborah M. Pilcher

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.)

**Deborah M. Pilcher, Manager**

Typed or Printed Name of signee

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