

L09000103586

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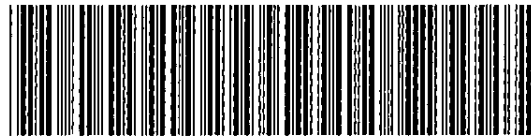
(Business Entity Name)

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B. KOHR

OCT 27 2009

EXAMINER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Emergency Physician
Specialists of
Davenport, L.L.C.

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- ☐ Art of Inc. File _____
- ☐ LTD Partnership File _____
- ☐ Foreign Corp. File _____
- ☒ L.C. File _____
- ☐ Fictitious Name File _____
- ☐ Trade/Service Mark _____
- ☐ Merger File _____
- ☐ Art. of Amend. File _____
- ☐ RA Resignation _____
- ☐ Dissolution / Withdrawal _____
- ☐ Annual Report / Reinstatement _____
- ☒ Cert. Copy _____
- ☐ Photo Copy _____
- ☐ Certificate of Good Standing _____
- ☐ Certificate of Status _____
- ☐ Certificate of Fictitious Name _____
- ☐ Corp Record Search _____
- ☐ Officer Search _____
- ☐ Fictitious Search _____
- ☐ Fictitious Owner Search _____
- ☐ Vehicle Search _____
- ☐ Driving Record _____
- ☐ UCC 1 or 3 File _____
- ☐ UCC 11 Search _____
- ☐ UCC 11 Retrieval _____

Signature _____

Requested by: _____

Name _____

Date

Time

**ARTICLES OF ORGANIZATION
OF
EMERGENCY PHYSICIAN SPECIALISTS OF DAVENPORT, L.L.C.**

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ARTICLE I - NAME

The name of the limited liability company is EMERGENCY PHYSICIAN SPECIALISTS OF DAVENPORT, L.L.C., ("company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

8390 Championsgate Boulevard
Suite 306
Championsgate, FL 33896

Mailing Address:

8390 Championsgate Boulevard
Suite 306
Championsgate, FL 33896

**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are:

Dr. Michael Boyer
8390 Championsgate Boulevard
Suite 306
Championsgate, FL 33896

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..


DR. MICHAEL BOYER

ARTICLE IV - MANAGERS OR MANAGING MEMBERS

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

Title:

"MGR" = Manager

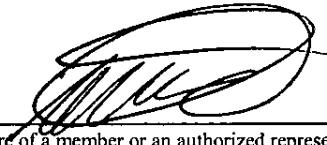
"MGMR" = Managing Member

Name and Address:

MGR

Dr. Michael Boyer
8390 Championsgate Boulevard
Suite 306
Championsgate, FL 33896

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.)

DR. MICHAEL BOYER

Typed or printed name of signee