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| Special Instructions to Filing Officer: |  |  |  |  |  |  |  |
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EXAMINER

#### **COVER LETTER**

| TO:             | Registration Section Division of Corpor         |   |            |  |   |  |  |
|-----------------|---|---|------------|--|---|--|--|
| SUBJE           | CT: Florida Attorney Medical Referrals, LLC     |   |            |  |   |  |  |
|                 |   | Name of Limit   | ed Liabi   | lity Compan  | у   | -  |  |
| The en          | closed Articles of Org                          | anization and fee(s) are  | submitte   | ed for filing.   |   |  |  |
| Please          | return all corresponde                          | ence concerning this matt   | ter to the | e following:   |   |  |  |
|                 | Michael Currie  Name of Person                  |   |            |  |   |  |  |
|                 |   |   | Name o     | rerson   |   |  |  |
|                 | Florida Attorney Medical Referrals, LLC         |   |            |  |   |  |  |
|                 | Firm/Company  3832-10 Baymeadows Rd             |   |            |  |   |  |  |
|                 |   |   |            |  |   |  |  |
|                 |   |   | Add        | lress  |   |  |  |
|                 | Jacksonville, FL 32217  City/State and Zip Code |   |            |  |   |  |  |
|                 |   |   | -          | na zip Coae<br>bincurrie.a   | nm  |  |  |
| -               | F   | -mail address: (to be used t  | for future | annual report  | notification                                    | n)   |  |
| For fur         | ther information conc                           | erning this matter, pleaso  | e call:    |  |   |  |  |
|                 | Michael   |   | _ at (     | 904)   |   | 236-5144   |  |
|                 | Name of Pe                                      | rson  |            | Area Code &  | t Daytime                                       | Telephone Number   |  |
| Enclos          | sed is a check for th                           | e following amount:   |            |  |   |  |  |
| <b>/</b> \$125. |   | S130.00 Filing Fee & Certificate of Status  | Ce         | 55.00 Filing<br>rtified Copy<br>ditional copy i                      | 1   | \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed |  |
|                 | R<br>D<br>P                                     | Iailing Address egistration Section vivision of Corporations O. Box 6327 allahassee, FL 32314 |            | Street/Cou<br>Registration<br>Division of<br>Clifton Bu<br>2661 Exec | n Section<br>f Corporat<br>ilding<br>utive Cent | ions<br>er Circle  |  |

#### FILED

#### ARTICLES OF ORGANIZATION

OF

2009 OCT 29 AM 19: 47

### FLORIDA ATTORNEY MEDICAL REFERRALS, LLC SECRETARY OF STATE TALLAHASSEE. FLORIDA

#### ARTICLE I NAME

The name of the limited liability company shall be FLORIDA ATTORNEY MEDICAL REFERRALS, LLC.

# ARTICLE II ADDRESS

The street address of the initial principal office and the mailing address of the limited liability company in the State of Florida is 3832-10 Baymeadows Rd, Jacksonville, FL 32217.

### ARTICLE III MANAGEMENT

The limited liability company is to be managed by a manager, and the name and address of such manager is:

Michael Currie 3832-10 Baymeadows Rd Jacksonville, Florida 32217

# ARTICLE IV DURATION

The period of duration for the limited liability company shall be perpetual.

#### ARTICLE V REGISTERED OFFICE AND AGENT

The street address of the initial registered office of the limited liability company is 3832-10 Baymeadows Rd, Jacksonville, FL 32210. The name of the registered agent at such address is Michael Currie.

IN WITNESS WHEREOF, the undersigned members affirm that, under penalties of perjury, the facts stated herein are true, and the undersigned members have executed these Articles of Organization this 26th day of October, 2009.

Michael R. Currie, Member

### CERTIFICATE DESIGNATING REGISTERED OFFICE AND REGISTEREDAGENT FOR THE SERVICE OF PROCESS WITHIN THE STATE OF FLORIDA

In compliance with Sections 608.407, and 608.415, Florida Statutes, the following is submitted.

Florida Attorney Medical Referrals, LLC, desiring to organize or qualify under the laws of the State of Florida, hereby designates Michael Currie as its registered agent to accept service of process within the State of Florida, and the address of its registered office shall be 3832-10 Baymeadows Rd, Jacksonville, FL 32217.

Dated: October 26, 2009

Michael Currie, as a Member

Having been named to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby agree to accept the appointment as registered agent and agree to act in that capacity. I further agree to comply with the provisions of all statutes relative 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..

Dated: October 26, 2009

Michael Currie, as Registered Agent

