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M. THOMAS

NOV 9 2009

EXAMINER



THE JIMERSON LAW GROUP, P.A.

A Business Law, Creditors' Rights and Construction Litigation Law Practice

October 26, 2009

VIA US MAIL

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: Articles of Incorporation for Bold Medical, LLC


To Whom It May Concern:

Please find enclosed the articles of incorporation for Bold Medical, LLC and a check for payment of filing fees, certified copy and certificate of status.

As requested, my daytime phone number is (904) 389-0050, my name is Harry M. Wilson IV and my address is 2124 Park Street, Jacksonville, FL 32204.

Please contact me with any questions or concerns.

Very truly yours,


Harry M. Wilson, IV, Esq.

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TALLAHASSEE, FLORIDA

Enclosures

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Bold Medical, 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:

Harry M. Wilson, IV

Name of Person

The Jimerson Law Group

Firm/Company

2124 Park Street

Address

Jacksonville, FL 32204

City/State and Zip Code

rwilson@jimersonlawgroup.com

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

For further information concerning this matter, please call:

Harry M. Wilson, IV

Name of Person

at (904)

389-0050

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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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Bold Medical, 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:

1362 Talbot Ave.
Jacksonville, FL 32205

Mailing Address:

P.O. Box 380041
Jacksonville, FL 32205

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:

The Jimerson Law Group, P.A.

Name

2124 Park Street

Florida street address (P.O. Box **NOT** acceptable)

Jacksonville, FL 32204 FL

City, State, and Zip

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TALLAHASSEE, FLORIDA

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..

Harry M. Wilson IV
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Name and Address:

MGRM

Philip M. Howell
1362 Talbot Avenue
Jacksonville, FL 32205

(Use attachment if necessary)

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.)

Philip M. Howell

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)

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TALLAHASSEE, FLORIDA