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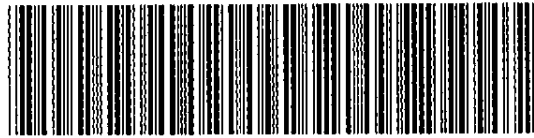
(Business Entity Name)

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EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

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FILING COVER SHEET
ACCT. #FCA-14

CONTACT: ASHLEY SMITH

DATE: 11-25-2009

REF. #: 001641.115023

CORP. NAME: MICHAEL J. GORDON, M.D., P.L.

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 532740 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
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| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**ARTICLES OF ORGANIZATION
FOR MICHAEL J. GORDON, M.D., P.L.**

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ARTICLE I - NAME

The name of the professional limited liability company is Michael J. Gordon, M.D., P.L.

ARTICLE II - ADDRESS

The mailing address and the principal office address is 2750 Bahia Vista Street, Suite 100, Sarasota FL 34239.

ARTICLE III - PURPOSE

The purpose of the professional limited liability company is to engage in the practice of medicine and to do any and all things necessary, convenient or incidental to that purpose. The limited liability company shall have as members only other professional limited liability companies, professional corporations, or individuals who themselves are duly licensed or otherwise legally authorized to render the same professional service as the limited liability company.

**ARTICLE IV - REGISTERED AGENT, REGISTERED OFFICE AND
REGISTERED AGENT'S SIGNATURE**

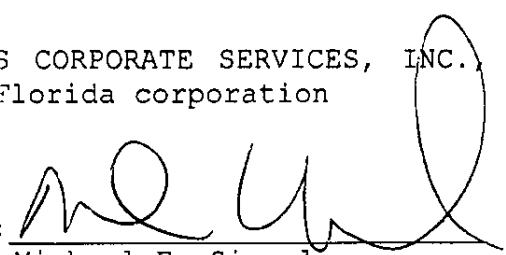
The name and the Florida street address of the registered agent are:

LPS Corporate Services, Inc.
46 N. Washington Blvd., Suite 1
Sarasota, FL 34236

Having been named as registered agent and to accept service of process for the above stated professional 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.

LPS CORPORATE SERVICES, INC.,
a Florida corporation

By: 
Michael E. Siegel
Its Vice President

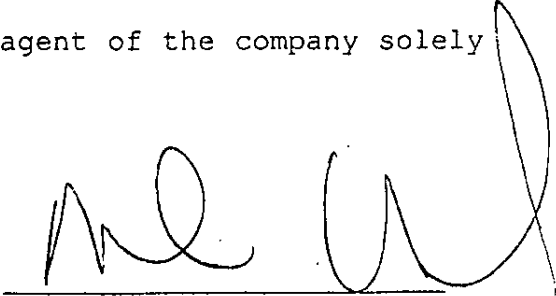
ARTICLE IV - MANAGEMENT

The professional limited liability company is to be managed by its member or members and is, therefore, a member-managed company. The name and address of the initial managing member is Michael J. Gordon, M.D., 2750 Bahia Vista Street, Suite 100, Sarasota FL 34239.

ARTICLE V - LIMITATION ON AGENCY AUTHORITY OF MEMBERS

No member of the company shall be an agent of the company solely by virtue of being a member.

Dated: November 25th, 2009


Michael E. Siegel
Authorized Representative
of Managing Member