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Florida Department of State
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : GILLIGAN, KING & GOODING, P.A.
Account Number : I20010000016
Phone : (352) 867-7707
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

Medero Medical Caring for Workers, LLC

Certificate of Status	0
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Page Count	01
Estimated Charge	\$125.00

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EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name**

The name of the Limited Liability Company is: Medero Medical Caring for Workers, LLC

ARTICLE II - Address

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

1109 SW 10th Street
Ocala, FL 34471

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

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

Name: W. James Gooding III, Esquire
Florida street address: 1531 SE 36th Avenue
City, State, and Zip: Ocala, FL 34471

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.

Registered Agent's Signature

Article IV - Management (Check box if applicable.)

☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

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.)

W. James Gooding III, Esquire as authorized representative of a member
Typed or printed name of signee