

L100000032759

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

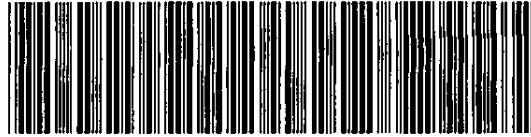
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300172935043

03/24/10--01022--022 \*\*125.00

Effective Date 04/01/10

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 MAR 24 AM 10:58

T. HAMPTON  
MAR 25 2010  
EXAMINER

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: Osceola Medical Clinic 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:

Carlos ThurdeKoos

Name of Person

Firm/Company

P O Box 691089

Address

Orlando, FL 32869

City/State and Zip Code

info@mctgroup.us

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

For further information concerning this matter, please call:

Carlos ThurdeKoos at ( 407 ) 481-8530  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

Effective Date 04/01/10

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Osceola Medical Clinic 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:

2497 Trafalgar Blvd  
Kissimmee, FL 34758

#### Mailing Address:

P O Box 691089  
Orlando, FL 32869

### 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:

Carlos ThurdeKoos

Name

2497 Trafalgar Blvd

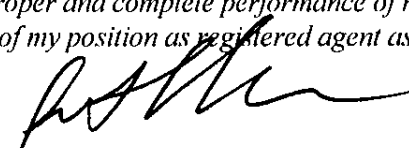
Florida street address (P.O. Box **NOT** acceptable)

Kissimmee

FL 34758

City, State, and Zip

*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 (REQUIRED)

(CONTINUED)

Page 1 of 2

10 MAR 24 AM 10 53

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**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

Osceola Medical **CARE, LLC**

P O Box 691089

Orlando, FL 32869

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 4/1/2010. (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.)

Carlos ThurdeKoos

Typed or printed name of signer

**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)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 MAR 24 AM 10:58