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Certified Copies	_ Certificates	s of Status
Special Instructions to F	Filing Officer:	
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G. M.C. EDD

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EXAMINER



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SECRETARY OF STATE

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COVER LETTER

TO: Registration Division of C				
	D. Caranhall M.D. J. C			·
SUBJECT: James	D. Campbell, M.D., LLC	, ed Liability Com	nany	
	Traine or symm	3. 13. 14. 15. 15. 15. 15. 15. 15. 15. 15. 15. 15	r3	
The enclosed Articles	of Organization and fee(s) are	submitted for fili	ng.	
Please return all corres	pondence concerning this mat	ter to the following	ng:	
Jeffrey R. Ba	ankston, ESQ.	•		
· · · · · · · · · · · · · · · · · · ·		Name of Person		
Buschman A	hern Persons & Bankstor	า		
		Firm/Company		
2215 5 254 5	Street Suite 101			
<u> </u>	Sileet Suite 101	Address		
Jacksonville	Beach, Florida 32250	ty/State and Zip Co	do	
ihankatan@h		ty/State and Zip Co	ue	
jbankston@b	E-mail address: (to be used	for future annual re	port notification)	· · · · · · · · · · · · · · · · · · ·
For further information	n concerning this matter, pleas	e call:	-	
				•
Jeffrey R. Banksto	of Person	_ at (904) <u>246-9994</u> de & Daytime Telephone	Number
Name	e of Person	Area Co	de & Daytime Telephone	Number
Enclosed is a check to	for the following amount:			
☑\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	©\$155.00 Fil Certified C (additional co	opy Ce	60.00 Filing Fee, rtificate of Status & rtified Copy ditional copy is enclosed)
·	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registra Divisio Clifton 2661 E	Courier Address ation Section of Corporations Building xecutive Center Circle assee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Co	Company is:	
James D. Campbell, M.D.,LL	LC "Limited Liability Company, "L.L.C.," or "LLC.")	
(ivitist end with the words	Elimed Datolity Company. 133.C., Vi. 1702. 7	
ARTICLE II - Address: The mailing address and street addre	ess of the principal office of the Limited Liabil	ity Company is:
Principal Office Address:	Mailing Address:	
2823 State Road 13	same as principal address	
Switzerland, Florida 32259		
-		
(The Limited Liability Company cannot serve as business entity with an active Florida registration.) The name and the Florida street addresserved and the Florida street addr	ress of the registered agent are:	gnature: or another TO JUN 10 PH 1:06
Jacksonville Bea	ach _{FL} 32250	•
	City, State, and Zip	
liability company at the place des registered agent and agree to act in t statutes relating to the proper and c	gent and to accept service of process for the aborsignated in this certificate, I hereby accept the aporthis capacity. I further agree to comply with the complete performance of my duties, and I am faition as registered agent as provided for in Chap	ppointment as provisions of all miliar with and

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager	Name and Address:
"MGRM" = Managing Mem	ber
5 5	
MGRM	James D. Campbell, M.D.
	2823 State Road 13
	Switzerland, Florida 32259
(Use attachment if necessary)
	date of filing
CLE V: Effective date, if other	than the date of filing: date of filing (OPTIONAL)
effective date is listed, the date	e must be specific and cannot be more than five business days
CLE V: Effective date, if other effective date is listed, the date 00 days after the date of filing.)	e must be specific and cannot be more than five business days
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effective date is listed, the date 00 days after the date of filing.)	e must be specific and cannot be more than five business days p :
effective date is listed, the date 00 days after the date of filing.) REQUIRED SIGNATURE	e must be specific and cannot be more than five business days p : R. B.M. (Attorney)
effective date is listed, the date 00 days after the date of filing.) REQUIRED SIGNATURE Signature of	e must be specific and cannot be more than five business days p :
effective date is listed, the date 00 days after the date of filing.) REQUIRED SIGNATURE signature of the date of	e must be specific and cannot be more than five business days p : Cannot be more than five business days p : Attorney Ta member or an authorized representative of a member. ce with section 608.408(3), Florida Statutes, the execution
effective date is listed, the date 00 days after the date of filing.) REQUIRED SIGNATURE signature of this documents of this documents.	: R. Belle (Attorney) Ta member or an authorized representative of a member.
effective date is listed, the date 00 days after the date of filing.) REQUIRED SIGNATURE Signature of this document of the facts	e must be specific and cannot be more than five business days p : (Attorney) Ta member or an authorized representative of a member. ce with section 608.408(3), Florida Statutes, the execution ment constitutes an affirmation under the penalties of perjury

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)