

JUL-09-2010 2:14

SHUFFIELD LOWMAN

P.0004

L10000073004

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H10000157543 3)))



H100001575433ABC-

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : SHUFFIELD LOWMAN  
Account Number : I20030000118  
Phone : (407)581-9800  
Fax Number : (407)581-9801

L. SELLERS

JUL 12 2010

EXAMINER

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

FLORIDA LIMITED LIABILITY CO.  
VASCULAR VEIN CENTER OF ORLANDO, PLLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

FILED  
10 JUL -9 AM 10:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL-09-2010 12:14

SHUFFIELD LOWMAN

P.01/04



July 9, 2010

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

SHUFFIELD LOWMAN

SUBJECT: VASCULAR VEIN CENTER OF ORLANDO, PLLC  
REF: W10000032434

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Only 2 out of 3 pages were received in this office for this filing.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers  
Regulatory Specialist II

FAX Aud. #: H10000157543  
Letter Number: 210A00016693

RECEIVED  
10 JUL -9 PM 2:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

(((H10000157543 3)))

**ARTICLES OF ORGANIZATION  
OF  
VASCULAR VEIN CENTER OF ORLANDO, PLLC  
A Florida Professional Limited Liability Company**

**ARTICLE I  
NAME**

The name of this professional limited liability company is **VASCULAR VEIN CENTER OF ORLANDO, PLLC**, referred to in these Articles of Organization as the "Company."

**ARTICLE II  
MAILING AND STREET ADDRESS**

The initial street address and mailing address of the principal office of the Company is as follows:

70 W. Gore Street, Suite 202  
Orlando, FL 32806

**ARTICLE III  
COMMENCEMENT OF COMPANY'S EXISTENCE**

In accordance with Section 608.409(1), Florida Statutes, the Company's existence shall be deemed to have commenced on July 1, 2010.

**ARTICLE IV  
PURPOSE**

The Company is formed for the sole and specific purpose of rendering professional services in every phase and aspect of the practice of medicine; provided, however, that the Company may, in addition, invest its funds in real estate, mortgages, stocks, bonds, or any other type of investment, and may own real and personal property necessary for the rendering of such professional services.

**ARTICLE V  
REGISTERED AGENT**

The address of the initial Registered Office and the Registered Agent at such address as follows:

William R. Lowman, Jr., Esq.  
Shuffield, Lowman & Wilson, P.A.  
1000 Legion Place, Suite 1700  
Orlando, FL 32801

**FILED**  
10 JUL -9 AM 10:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(((H10000157543 3)))

(((H10000157543 3)))

**ARTICLE VI  
MANAGEMENT**

The Company is to be a manager-managed company. A manager may receive compensation for his or its services. The name and address of the initial manager is as follows:

Samuel P. Martin, M.D.  
70 W. Gore Street, Suite 202  
Orlando, FL 32806

**ARTICLE VII  
APPLICABLE LAW**

The Company is created pursuant to Chapters 608 and 621, Florida Statutes, and shall be governed by the laws of the State of Florida.



William R. Lowman, Jr., Esq., as  
Authorized Representative

**ACCEPTANCE OF DESIGNATION  
OF  
REGISTERED AGENT**

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned submits the following statement of acceptance of his designation as Registered Agent for the Company:

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 of the Florida Statutes.



William R. Lowman, Jr., Esq.

**ARTICLE VI  
MANAGEMENT**

The Company is to be a manager-managed company. A manager may receive compensation for his or its services. The name and address of the initial manager is as follows:

Samuel P. Martin, M.D.  
70 W. Gore Street, Suite 202  
Orlando, FL 32806

**ARTICLE VII  
APPLICABLE LAW**

The Company is created pursuant to Chapters 608 and 621, Florida Statutes, and shall be governed by the laws of the State of Florida.



William R. Lowman, Jr., Esq., as  
Authorized Representative

**ACCEPTANCE OF DESIGNATION  
OF  
REGISTERED AGENT**

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned submits the following statement of acceptance of his designation as Registered Agent for the Company:

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 of the Florida Statutes.



William R. Lowman, Jr., Esq.