

L 10000 101917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

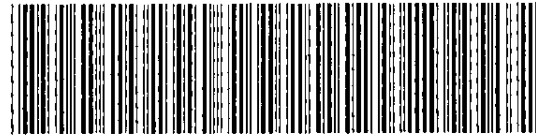
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

10 SEP 29 AM 11:26

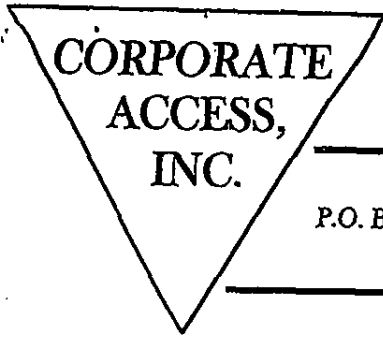
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EXAMINER



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WALK IN

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- CERTIFIED COPY _____
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1. Specialist Doctors' Group, LLC
(CORPORATE NAME AND DOCUMENT #)
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

REGISTRAR
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 SEP 29 PM 2:35

**ARTICLES OF ORGANIZATION OF
SPECIALIST DOCTORS' GROUP, LLC**

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

ARTICLE I — Name:

The name of the limited liability company (hereinafter referred to as the: "Company") is "SPECIALIST DOCTORS' GROUP, LLC."

ARTICLE II — Address:

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

Principal Office Address:

Specialist Doctors' Group, LLC
11211 Lithia Pinecrest Road
Lithia, Florida 33547

Mailing Address:

Specialist Doctors' Group, LLC
Post Office Box 570
Lithia, Florida 33547

ARTICLE III — Registered Agent:

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

Daniel M. Coton, Esq., of
Trinkle, Redman, Swanson, Coton,
Davis & Smith, P.A.
121 N. Collins Street
Plant City, Florida 33566

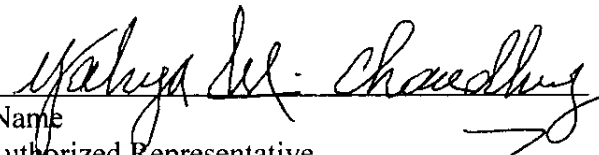
ARTICLE IV – Management:

The Company is to be managed by the members.

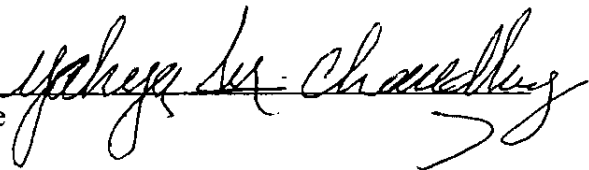
ARTICLE V – Limitation on Agency Authority of Members:

Pursuant to section 608.4235 of the Florida Limited Company Act, no member of the Company shall be an agent of the Company solely by virtue of being a member.

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledge them to be my act this 28th day of September 2010

By: 
Name
Authorized Representative

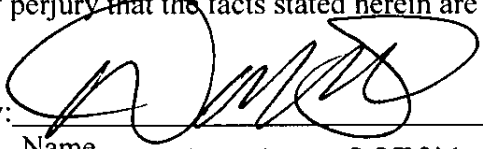
In accordance with section 608.408(3), Florida Statutes, the execution of this certificate constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

By: 
Name

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

I hereby accept the designation as registered agent to accept service of process for the above named limited liability company at the place designated in this statement. I am familiar with and accept the obligations of my position as registered agent under Chapter 608, Florida Statutes.

In accordance with section 608.408(3), Florida Statutes, the execution of this certificate constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

By: 
Name **DANIEL M. COTON**