

L10000122453

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

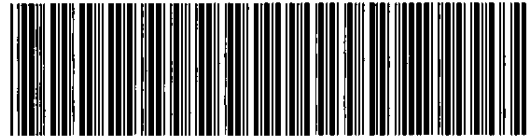
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400187749984

11/18/10--01011--027 **130.00

FILED
2010 NOV 16 PM 2:05
TALLAHASSEE, FLORIDA

C. LEWIS
NOV 29, 2010
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 17, 2010

MICHAEL MACLAREN / COOLEY/MACLAREN BUILDING PARTNERSHIP
1615 FLORIDA AVE.
PANAMA CITY, FL 32405-4636

SUBJECT: COOLEY/MACLAREN BUILDING PARTNERSHIP, L.L.C.
Ref. Number: W10000053896

We have received your document for COOLEY/MACLAREN BUILDING PARTNERSHIP, L.L.C. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "PARTNERSHIP." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 710A00026950

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Cooley/MacLaren Building Partnership
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:

Michael MacLaren

Name of Person

Cooley/MacLaren Building Partnership

Firm/Company

1615 Florida Avenue

Address

Panama City FL 32405-4636

City/State and Zip Code

michael.assurance@knology.net

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

For further information concerning this matter, please call:

Michael MacLaren

Name of Person

at (850)

522-5335

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (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

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Cooley/MacLaren Medical Properties, 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:

Michael MacLaren

Name of Person

Cooley/MacLaren Medical Properties, LLC

Firm/Company

1615 Florida Avenue

Address

Panama City FL 32405-4636

City/State and Zip Code

ASSURANCE@KNOLOGY.NET

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

For further information concerning this matter, please call:

MICHAEL MacLAREN

Name of Person

at (**850**) **522-5335**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cooley/MacLaren Medical Properties, 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:

1615 Florida Avenue
Panama City FL 32405-4636

Mailing Address:

1615 Florida Avenue
Panama City FL 32405-46365

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:

Michael MacLaren

Name

1615 Florida Avenue

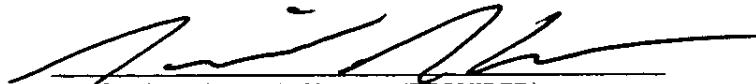
Florida street address (P.O. Box **NOT** acceptable)

Panama City FL 32405-4636

City, State, and Zip

FILED
2010 NOV 16 PM 2:05
TALLAHASSEE, FLORIDA

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)

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

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

FILED
2010 NOV 16 PM 4:05
TALLAHASSEE, FLORIDA

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Michael MacLaren

1615 Florida Avenue

Panama City FL 32405-4636

MGRM

Tommy Cooley

1615 Florida Avenue

Panama City FL 32405-4636

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 11/11/2010 (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Michael MacLaren

Typed or printed name of signee

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)