

L10000123938

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

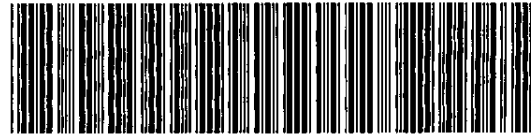
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300187847583

11/23/10--01014--022 **160.00

EFFECTIVE DATE

11/18/10

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
10 NOV 23 AM 11:48

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Panhandle Family Medicine, 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:

Ayshia Ellis Hatcher, MSM

Name of Person

Panhandle Family Medicine, LLC

Firm/Company

877 3rd Street Suite 4

Address

Chipley, FL 32428

City/State and Zip Code

ayshia.hatcher@panhandlefamilymedicine.com

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

For further information concerning this matter, please call:

Ayshia Hatcher

Name of Person

at (850) 638-4555

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 24, 2010

AYSHIA ELLIS HATCHER, MSM
877 3RD STREET, SUITE 4
CHIPLEY, FL 32428

SUBJECT: PANHANDLE FAMILY MEDICINE, LLC
Ref. Number: W10000054988

We have received your document for PANHANDLE FAMILY MEDICINE, LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

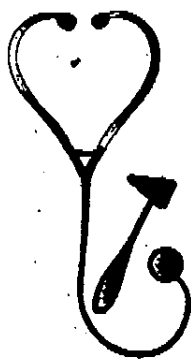
The name designated in your document is unavailable because it is the same as or not distinguishable from an existing entity. If the principals are the same in both entities, please send a letter or affidavit advising us of this association, along with your articles so that we may complete the filing process.

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) 245-6067.

Neysa Culligan
Regulatory Specialist II

Letter Number: 510A00027553



**Panhandle
Family
Medicine P.A.**

877 3rd. Street Suite 4 • Chipley, FL 32428 • (850) 638-4555 • Fax (850) 638-9190

December 2, 2010

Florida Department of State
Division of Corporations
Attn: Neysa Culligan
POB 6327
Tallahassee, FL 32314

RE: Panhandle Family Medicine, LLC
Ref Number: W1000054988

To Whom It May Concern:

We have made application for Panhandle Family Medicine, LLC to become a corporation within the State of Florida. Please be aware the principals for Panhandle Family Medicine, LLC are the same principals as Panhandle Family Medicine, PA.

Should you have any further questions do not hesitate to contact us.

Sincerely,


Jason D. Hatcher, DO


Ayslia Ellis Hatcher, MSM

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Panhandle Family Medicine, 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:

310 Byrd Avenue
Bonifay, FL 32428

Mailing Address:

877 3rd Street Suite 4
Chipley, FL 32428

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:

Ayshia Ellis Hatcher

Name

877 3rd Street Suite 4

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

Chipley FL 32428

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
10 NOV 23 AM 11:48

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

Jason Hatcher, DO
877 3rd Street Suite 4
Chipley, FL 32428

MGR

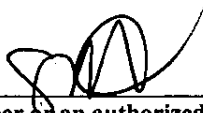
Ayshia Hatcher, MSM
877 3rd Street Suite 4
Chipley, FL 32428

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 11/18/2010 (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.)

Ayshia Ellis Hatcher

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)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
10 NOV 23 AM 11:48