

LI1000020576

(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



000194179550

02/16/11--01015--017 **130.00

EFFECTIVE DATE

2/14/11

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 FEB 16 PM 1:00

FEB 17 2011

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: EMR Solutions Now, 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:

Jennifer Alford

Name of Person

EMR Solutions Now, LLC.

Firm/Company

2210 Palm Vista Drive

Address

Apopka, Florida 32712

City/State and Zip Code

jennifer.alford@emrsolutionnow.com

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

For further information concerning this matter, please call:

Jennifer Alford

Name of Person

at (407)

256-4042

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:

EMR Solutions Now, 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:

2210 Palm Vista Drive
Apopka, Florida 32712

Mailing Address:

2210 Palm Vista Drive
Apopka, Florida 32712

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:

Jennifer Alford

Name

2210 Palm Vista Drive

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

Apopka, FL 32712

City, State, and Zip

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 FEB 16 PM 12:22

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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Jennifer Alford

2210 Palm Vista Drive

Apopka, Florida 32712

MGRM

Jonathan Alford

2210 Palm Vista Drive

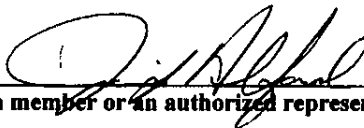
Apopka, Florida 32712

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: February 14, 2011 (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.)

Jennifer Alford

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 CORPORATIONS
11 FEB 16 PM 12:22