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B. BOSTICK
MAR 1 5 2011
EXAMINER

COVER LETTER

TO: Registration of	n Section Corporations			
SUBJECT:	HiLePro, LLC Name of Limited I	Liability Company		
The enclosed Article	s of Organization and fee(s) are sub	mitted for filing.		
Please return all corr	espondence concerning this matter t	o the following:		
<u>S</u>	ner L. Allan, a	59. me of Person		
S	her L. Allan	ESQ.		
7	31 Oak Ave	NUC— Address		
	anama City	FL 32401 ate and Zip Code	TALL!	
She	E-mail address: (to be used for fi	•	HASSES IN	The same
For further information	on concerning this matter, please cal	li:		T
Sher L.	Alan, Esq. at	(850) 914-2220 Area Code & Daytime Telephone Number	AM 10: 38 OF STATE OF LORIDA	Garage.
Enclosed is a check	for the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy Certificat (additional copy is enclosed) Certified	Filing Fee, e of Status & Copy 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 OF

MiLePro, LLC

The undersigned organizers adopt the following Articles of Organization for the limited liability company named below pursuant to Chapter 608, Florida Statutes, the Limited Liability Company Act of the State of Florida.

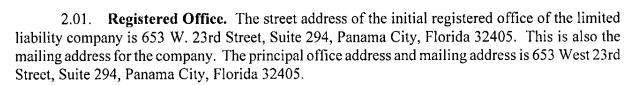
ARTICLE 1

Name

1.01. The name of the limited liability company is MiLePro, LLC.

ARTICLE 2

Registered Office and Agent



2.02. **Registered Agent.** The name of the initial registered agent of the limited liability company is Sher L. Allan, Esq., whose address is 731 Oak Avenue, Panama City, Florida 32401.

ARTICLE 3

Business Purposes

3.01. The limited liability company is organized for the purpose of offering Mid-Level providers of medical care for patients and for transacting any lawful business which may be conducted by a limited liability company of this nature.

ARTICLE 4

Management

- 4.01. **Management.** The property, business and affairs for the limited liability company shall be managed by Eric Metzger, Managing Member.
- 4.02. **Name and addresse.** The name and address of the initial member of the limited liability company is:

Eric Metzger, 653 W. 23rd Street, Suite 294, Panama City, Fl. 32405

ARTICLE 5

Period of Existence

5.01. The Period of Existence of this Limited Liability Company is perpetual unless sooner terminated.

IN WITNESS WHEREOF, the organizer, by signature below, affirms under penalty of perjury the truth of the matters set in these articles of organization on this 17th day of 2011.

Eric Metzger

TALLAHASSEE, FI ABIO.

ACCEPTANCE OF REGISTERED AGENT

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.

SHER L. ALLAN, ESQ.

Registered Agent for MiLePro, LLC

STATE OF FLORIDA COUNTY OF BAY

The foregoing instrument was acknowledged before me this day of day of ________, 2011, by SHER L. ALLAN, ESQ., who is personally known to me ______, or who produced ______ as identification and did take an oath.

PAMELA D. GIBBS
Commission # DD 868199
Expires April 14, 2013
Bonded Tieu Troy Fain Insurance 800-365-7019

NOTARY PUBLIC

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SEURLANGE OF STATE



FLORIDA DEPARTMENT OF STATE Division of Corporations

March 2, 2011

SHER L. ALLAN, ESQ. 731 OAK AVENUE PANAMA CITY, FL 32401

SUBJECT: MILEPRO, LLC Ref. Number: W11000012070

We have received your document for MILEPRO, LLC 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 registered agent must sign accepting the designation.

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) 245-6028.

Barbara Bostick Regulatory Specialist II

Letter Number: 911A00005214

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SECHEIARY OF STATE