

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H11000133024 3)))



H110001330243ABCP

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From: **Carrie L. Ramos, Paralegal - please fax confirmation to (407) 244-5690**

Account Name : GRAYROBINSON, P.A. - ORLANDO  
Account Number : I20010000078  
Phone : (407) 843-8880  
Fax Number : (407) 244-5690

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.**  
**The Compass Clinic, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

FILED  
11 MAY 16 AM 9:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
11 MAY 16 PM 4:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

Help

**G. MCLEOD**

MAY 17 2011

**EXAMINER**

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**ARTICLES OF ORGANIZATION**  
**FOR**  
**FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I**  
**Name**

The name of this Limited Liability Company is:

The Compass Clinic, LLC

**ARTICLE II**  
**Address**

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

100 W. Gore Street, Suite 607  
Orlando, FL 32806

**ARTICLE III**  
**Management**

This Limited Liability Company is to be managed by one or more managers and is, therefore, a "manager-managed" limited liability company.

**ARTICLE IV**  
**Initial Board of Managers**

This Limited Liability Company shall have two (2) managers initially. The number of managers may be either increased or decreased from time to time in accordance with the Operating Agreement of this Limited Liability Company, but shall never be less than one.

The names and addresses of the initial managers of this Limited Liability Company are as follows:

<u>Name</u>	<u>Street Address</u>
Craig T. Curtis, M.D.	100 W. Gore Street, Suite 202 Orlando, FL 32806
Sean P. Stanton	100 W. Gore Street, Suite 202 Orlando, FL 32806

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TALLAHASSEE, FLORIDA  
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**ARTICLE V**  
**Registered Agent, Registered Office & Registered Agent's Signature**

The name and the Florida street address of the Registered Agent of this Limited Liability Company is:

Joel Roberts  
c/o Gray Robinson, P.A.  
301 East Pine Street, Suite 1400  
Orlando, FL 32801

*Having been appointed as registered agent to accept service of process for this limited liability company at the place so designated in these Articles of Organization, I hereby accept this appointment and agree to serve this Limited Liability Company in this capacity. I am familiar with and accept the obligations of my position as the registered agent for this Limited Liability Company, as provided for in Chapter 608, Florida Statutes.*

  
\_\_\_\_\_  
**REGISTERED AGENT'S SIGNATURE**

In accordance with Section 608.408(3), *Florida Statutes*, the execution of these Articles of Organization constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

  
\_\_\_\_\_  
**SIGNATURE OF AUTHORIZED REPRESENTATIVE OF A MEMBER**

Michael E. Neukamm

Type or printed name of Authorized Representative of a Member

FILING FEES:  
\$100.00 Filing Fee for Articles of Organization  
\$25.00 Designation of Registered Agent  
\$30.00 Certified Copy (OPTIONAL)  
\$5.00 Certificate of Status (OPTIONAL)

H11000133024 3

MAY 13, 2011 5:16PM GREENBERG TRAUBIG

NO. 696 P. 1

L1100057677

Florida Department of State  
Division of Corporations  
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F110001317803AHCV

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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : GREENBERG TRAUBIG (ORLANDO)  
Account Number : 105731001374  
Phone : (305) 411-5431  
Fax Number : (305) 420-5909

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

RECEIVED  
11 MAY 17 AM 7:05  
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TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.  
500 WS Property MGT LLC

Certificate of Status	1
Certified Copy	1
Page Count	01
Estimated Charge	\$160.00

FILED  
11 MAY 16 AM 9:30  
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G. MCLEOD

MAY 17, 2011

<https://efile.sunbiz.org/scripts/efilcovr.exe>

EXAMINER

5/13/2011

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:** The name of the Limited Liability Company is:  
500 WS PROPERTY MGT LLC

**ARTICLE II - Address:**

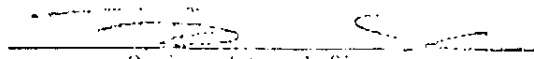
The mailing address and street address of the principal office of the Limited Liability Company is:  
390 N. Orange Ave. Suite 2400  
Orlando, Florida 32801

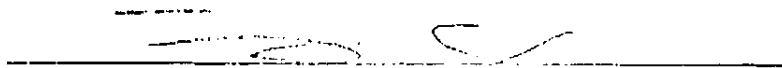
**ARTICLE III - Registered Agent, Registered Office and Registered Agent's Signature:**

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

**Name:** Troy M. Cox  
**Address:** 390 N. Orange Ave. Suite 2400  
Orlando, Florida 32801

*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 607, F.S.*

  
Registered Agent's 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.)

Troy M. Cox  
Type (or printed name) of signee

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11 MAY 16 AM 9:30  
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