

L11000071618

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

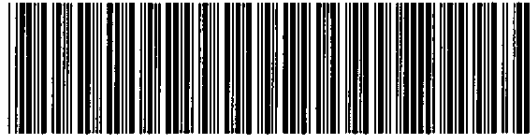
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B. KOHR

JUN 21 2011

EXAMINER



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06/21/11--01001--017 **160.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2011 JUN 20 PM 4:34
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TO ACKNOWLEDGE
SUFFICIENCY OF FILING

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUN 20 PM 4:47

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: United Gulf Medical Services L.L.C.
Name of Limited Liability Company

FILED STATE
SECRETARY OF CORPORATIONS
11 JUN 20 PM 4:47

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nathanael Hawkins

Name of Person

United Gulf Medical Services L.L.C.

Firm/Company

5408 Blue Dog Rd.

Address

Panama City, FL 32404

City/State and Zip Code

natehawk555@hotmail.com

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

For further information concerning this matter, please call:

Nathanael Hawkins

Name of Person

at (850) 768-0161

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:

United Gulf Medical Services L.L.C.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

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DIVISION OF CORPORATIONS
11 JUN 20 PM 4:47

ARTICLE II - Address:

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

Principal Office Address:

5408 Blue Dog Rd.
Panama City, FL 32404

Mailing Address:

5408 Blue Dog Rd.
Panama City, FL 32404

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:

Nathanael Hawkins

Name

5408 Blue Dog Rd.

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

Panama City FL 32404

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..

Nathanael Hawkins

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

Nathanael Hawkins

5408 Blue Dog Rd.

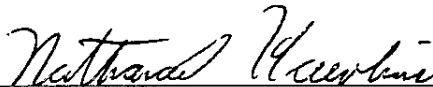
Panama City, FL 32404

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

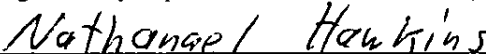
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)



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)