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(Document Number)		
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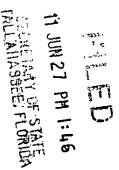
JUN 29 2011

EXAMINER



500209354875

06/27/11--01012--015 **130.00



COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Kislen Griter IA-C. 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:
Kristen Grider Name of Person
Kristen Grider, PA-C, LLC
4586 Whimbrel Place
Winter Park Fl 32792
+ COUND C 16 MOD COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Krislen Grider at 400 579-606 Person at 400 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount: \$125.00 Filing Fee \$\times 130.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Registration Section Division of Companions Privilege of Companions

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:		
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")	<u></u>	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Li	ability Comp	oany is:
Principal Office Address: Mailing Address:		
4586 Whimbrel Place Ninter Park, Fl 32792		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individuality business entity with an active Florida registration.)		
The name and the Florida street address of the registered agent are:	7 6:	
Spacer (Chades		JUN 27
Name		2
Florida street address (P.O. Box NOT acceptable)		RIT
Orlando, FL 3280/ City, State, and Zip	건 당 당 :	(I
City, State, and Zip	57.77	စ်ာ
Having been named as registered agent and to accept service of process for the liability company at the place designated in this certificate, I hereby accept the registered agent and agree to act in this capacity. I further agree to comply with statutes relating to the proper and complete performance of my duties, and I are accept the obligations of my position as registered agent as provided for in Complete Registered Agent's Signature (REQUIRED)	he appointmen In the provision In familiar wil	nt as ns of all th and

Page 1 of 2

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
Manager	Kristen Gricler PA-C 4580 Whimbret Place Winter Pask, FL 31792
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must to or 90 days after the date of filing.)	te date of filing: (OPTIONAL) be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
_ Krist	enhider
	ber or an authorized representative of a member.
constitutes an affirmation und I am aware that any false info	08.408(3), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. In the penalties in a document to the Department of State only as provided for in \$.817.155, F.S.)
Kús	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)