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TALLAHASSEE, FLORIDA

8/1

6/27

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ACME MEDICAL PARTNERS, 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:

Richard A. Dube MD

Name of Person

Firm/Company

7 Country Club Circle

Address

Tequesta, Florida 33469

City/State and Zip Code

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

For further information concerning this matter, please call:

Name of Person

at ()

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

The name of the Limited Liability Company is:

ACME MEDICAL PARTNERS, LLC

Article II

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

7 COUNTRY CLUB CIRCLE
TEQUESTA, FLORIDA 33469

The mailing address of the Limited Liability Company is:

7 COUNTRY CLUB CIRCLE
TEQUESTA, FLORIDA 33469

Article III

This purpose for which this Limited Liability Company is organized is:

LEASE, INSURE AND MAINTAIN REAL PROPERTY RELATING TO MEDICAL
SERVICES

Article IV

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

RICHARD A. DUBE, MD
7 COUNTRY CLUB CIRCLE
TEQUESTA, FLORIDA 33469

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.



RICHARD A. DUBE, MD

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11 JUL -5 AM 11:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Article V

The name and address of the managing member is:

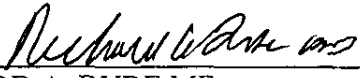
RICHARD A. DUBE, MD
7 COUNTRY CLUB CIRCLE
TEQUESTA, FLORIDA 33469

Article VI

The effective date for this Limited Liability Company shall be:

06/27/2011

Signature of member or an authorized representative of the member:



RICHARD A. DUBE MD