

# L11000084343

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

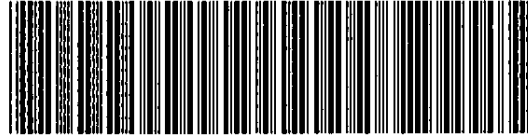
(Document Number)

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07/06/11--01017--013 \*\*78.75

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FILED  
2011 JUL 21 AM 9:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
JUL 22 2011  
EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
11 JUL 19 PM 12:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

July 7, 2011

JEROEN P BALLEDUX MD  
1397 MEDICAL PARK BLVD STE 400  
WELLINGTON, FL 33414

SUBJECT: BALLEDUX, MD, PA  
Ref. Number: W11000036096

We have received your document for BALLEDUX, MD, PA and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of 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) 245-6928.

Tim Burch  
Regulatory Specialist II  
New Filing Section

Letter Number: 511A00016223

WOULD LIKE  
to CHANGE to LLC!

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: JeroenballeduxMD,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:

**Jeroen Balledux**

Name of Person

**JeroenballeduxMD,LLC**

Firm/Company

**1397 Medical Park Boulevard, Suite 400**

Address

**Wellington, FL 33414**

City/State and Zip Code

**Jeroenballedux@aol.com**

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

For further information concerning this matter, please call:

**Jeroen Balledux**

Name of Person

at ( **561** ) **805-6883**

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:

JeroenballeduxMD, LLC

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

### ARTICLE II - Address:

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

#### Principal Office Address:

1397 Medical Park Blvd, Ste 400  
Wellington, FL 33414

#### Mailing Address:

1397 Medical Park Blvd, Ste 400  
Wellington, FL 33414

### 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:

Jeroen Balledux MD

Name

1397 Medical Park Blvd, Suite 400

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

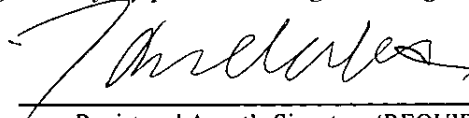
Wellington FL 33414

City, State, and Zip

2011 JUL 21 AM 9:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

*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.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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

Jeroen P Balledux MD

1397 Medical Park Blvd, Suite 400

Wellington, FL 33414

(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.)

Jeroen Balledux MD

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)