

L 11000095224

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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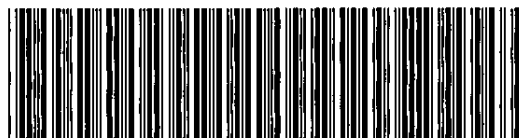
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AUG 18 2011

EXAMINER



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CORPORATION SERVICE COMPANY

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11 AUG 18 PM 2:50

ACCOUNT NO. : I20000000195

REFERENCE : 863994 7844813

AUTHORIZATION :

*Spredeman*

COST LIMIT : \$ 125.00

ORDER DATE : August 1, 2011

ORDER TIME : 9:34 AM

ORDER NO. : 863994-001

CUSTOMER NO: 7844813

DOMESTIC FILING

NAME: MEDICAL KNOWLEDGE CONSULTANTS,  
LLC

*\* FILE 56 COND*

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd - EXT. 2940

EXAMINER'S INITIALS: \_\_\_\_\_

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

MEDICAL KNOWLEDGE CONSULTANTS, 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:**

132 ISLE OF VENUS DR  
FT LAUDERDALE, FL, 33301

**Mailing Address:**

132 ISLE OF VENUS DR  
FT LAUDERDALE, FL, 33301

**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:

Corporation Service Company

Name

1201 Hays Street

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

Tallahassee

FL 32301

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..*

Corporation Service Company

By: Ann R. Shilling

Registered Agent's Signature (REQUIRED)

**Ann R. Shilling, Assistant VP**

(CONTINUED)

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**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:**

MGRM

FRANK G MATHERS

132 ISLE OF VENUS DR

FT LAUDERDALE FL 33301

(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:**

Corporation Service Company

By: Brittany Matthews  
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.)

Name: BRITTANY MATTHEWS

Typed or printed name of signee

Title: Assistant Secretary

**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)