

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : JECK, HARRIS, RAYNOR & JONES, P.A.
Account Number : I20000000210
Phone : (561)713-2095
Fax Number : (561)747-4113

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: andy.renfree@comcast.net

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
Woodham & Associates of Florida, LLC

Certificate of Status	1
Certified Copy	1
Page Count	07
Estimated Charge	\$160.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Corporate Filing Menu

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Help

EXAMINER

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COVER LETTER**TO: Registration Section
Division of Corporations****SUBJECT: Woodham & Associates of Florida, 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:

Philippe Jeck, Esquire

Name of Person

Jeck, Harris, Raynor & Jones, P.A.

Firm/Company

790 Juno Ocean Walk, Suite 600

Address

Juno Beach, FL 33408

City/State and Zip Code

andyrenfroe@comcast.net

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

For further information concerning this matter, please call:

Lewanna Farrell

Name of Person

at (561) 713-2085

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

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WOODHAM & ASSOCIATES, INC.
2200 Ocean Shore Blvd., Unit 102
Ormond By The Sea, FL 32176

September 22, 2011

Florida Department of State
Division of Corporations
Registration Section
2601 Executive Center Circle
Tallahassee, FL 32301

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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RE: Woodham & Associates of Florida, LLC

Gentlemen/Ladies:

This letter will serve as the authorization and consent by Woodham & Associates, Inc., a Florida corporation for:

1. OMT Medical Solutions, LLC, a Florida limited liability company, as Managing Member, to create by the filing of Articles of Organization with the Florida Secretary of State's office a new Florida limited liability company with the name of Woodham & Associates of Florida, LLC; and
2. Woodham & Associates of Florida, LLC to file with the Florida Secretary of State's office a fictitious name of "Woodham & Associates".

Very truly yours,



Sue C. Woodham
President & Director

Asst

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Woodham & Associates of Florida, 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:115 Point Circle
Tequesta, FL 33469**Mailing Address:**115 Point Circle
Tequesta, FL 33469**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:

Philippe Jeck, Esquire

Name

790 Juno Ocean Walk, Suite 600Florida street address (P.O. Box **NOT** acceptable)Juno BeachFL 33408

City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

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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:MGRMOMT Medical Solutions, LLC115 Point CircleTecumseh, FL 33489

(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:

OMT MEDICAL SOLUTIONS, LLC

By: Andrew S. Renfro

Andrew S. Renfro, Managing 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.)

Andrew S. Renfro, Managing Member

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)

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