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Florida Department of State
Division of Corporations
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To:
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From:
Account Name : MACFARLANE FERGUSON & MCMULLEN (CLEARWATER)
Account Number : 071005001001
Phone : (727)441-8966
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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FLORIDA LIMITED LIABILITY CO.
MPMS Legal Services, LLC

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$130.00

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: MPMS Legal Services, 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:

Emil C. Marquardt, Jr.
Name of Person

Macfarlane Ferguson & McMullen
Firm/Company

Post Office Box 1669
Address

Clearwater, FL 33757
City/State and Zip Code

ecm@macfar.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pam Brown at (727) 441-8966
Name of Person 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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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

MPMS Legal Services, 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:	**Mailing Address:**
300 S. Park Place Blvd.	300 S. Park Place Blvd.
Suite 170	Suite 170
Clearwater, FL 33759	Clearwater, FL 33759

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:

Emil C. Marquardt, Jr.
Name

625 Court Street, Suite 200
Florida street address (P.O. Box NOT acceptable)

Clearwater FL 33756
City, State, and Zip

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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)

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TALLAHASSEE, FLORIDA

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

Title:	**Name and Address:**
"MGR" = Manager "MGRM" = Managing Member	
MGRM	Donald Pocock, MD - President 300 S. Park Place Blvd., Suite 170 Clearwater, FL 33759
MGRM	Lou Galdieri - Secretary 300 S. Park Place Blvd., Suite 170 Clearwater, FL 33759
MGRM	Glenn Waters 300 S. Park Place Blvd., Suite 170 Clearwater, FL 33759
MGRM	Stephen Jacobs, MD, FACP 300 S. Park Place Blvd., Suite 170 Clearwater, FL 33759

(See attached Addendum for list of additional Managing Members.)

ARTICLE V: Effective date, if other than the date of filing: December 1, 2011 (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.)

Emil C. Marquardt, Jr., Attorney
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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TALLAHASSEE, FLORIDA

MPMS LEGAL SERVICES, LLC

Addendum to Article IV – Managing Members

Title:	**Name and Address:**
MGRM	Kevin Corrigan, COO 300 S. Park Place Blvd., Suite 170 Clearwater, FL 33759
MGRM	Carl Tremonti - Treasurer 300 S. Park Place Blvd., Suite 170 Clearwater, FL 33759
MGRM	Hal Ziecheck 300 S. Park Place Blvd., Suite 170 Clearwater, FL 33759
MGRM	Kris Hoce 300 S. Park Place Blvd., Suite 170 Clearwater, FL 33759