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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 : MACFARLANE FERGUSON & MCMULLEN (CLEARWATER)
Account Number : 071005001001
Phone : (727) 441-8966
Fax Number : (727) 442-8470

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

Email Address: ecm@macfar.com

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO. MPMS Legal Services, LLC

Certificate of Status	01
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

\$130.00

C. LEWIS

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COVER LETTER

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**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:

300 S. Park Place Blvd.

Suite 170

Clearwater, FL 33759

Mailing Address:

300 S. Park Place Blvd.

Suite 170

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 200Florida street address (P.O. Box NOT acceptable)ClearwaterFL 33756

City, State, and Zip

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FILED
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)

FILED

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

2011 DEC -1 AM 7:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA**Title:**

"MGR" = Manager

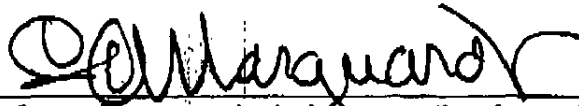
"MGRM" = Managing Member

Name and Address:MGRMDonald Pocock, MD - President300 S. Park Place Blvd., Suite 170Clearwater, FL 33759MGRMLou Galdieri - Secretary300 S. Park Place Blvd., Suite 170Clearwater, FL 33759MGRMGlenn Waters300 S. Park Place Blvd., Suite 170Clearwater, FL 33759MGRMStephen Jacobs, MD, FACP300 S. Park Place Blvd., Suite 170Clearwater, 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 signer

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

<u>Title:</u>	<u>Name and Address:</u>
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 Hoge 300 S. Park Place Blvd., Suite 170 Clearwater, FL 33759