

L 11000137378

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

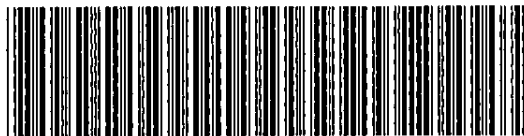
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11 DEC -6 PM 1:04

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-14**

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SECRETARY OF CORPORATIONS  
11 DEC -6 PM 04

**CONTACT:** RICKY SOTO

**DATE:** 12/06/2011

**REF. #:** 000150.158291

**CORP. NAME:** JQ GOLD COAST PHYSICIAN PARTNERS MG, LLC

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION        | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT                    | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME         |
| <input checked="" type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT                    | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION      |   |  |
| <input type="checkbox"/> OTHER:                           |   |  |

**STATE FEES PREPAID WITH CHECK#** 542503 **FOR \$** 155.00

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

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| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

**ARTICLES OF ORGANIZATION  
OF  
JQ GOLD COAST PHYSICIAN PARTNERS MG, LLC**

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11 DEC -6 PM 4:04

**ARTICLE I - Name**

The name of the Limited Liability Company is JQ Gold Coast Physician Partners MG, LLC (the "Company").

**ARTICLE II - Address**

The mailing address and street address of the principal office of the Company is 17121 Collins Avenue, Jade Ocean, Unit 1104, Sunny Isles, FL 33160.

**ARTICLE III- Registered Agent and Office**

The street address of the Company's initial registered office is 515 E. Park Avenue, Tallahassee, FL 32301, and the name of its initial registered agent at such office is NRAI Services, Inc.

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.

Dated this 6<sup>th</sup> day of December, 2011.



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Debra Palmisano  
Authorized Person

**ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT**

The undersigned, having been named as Registered Agent and to accept service of process by JQ Gold Coast Physician Partners MG, LLC at the place designated in these Articles of Organization, hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with and accepts the obligations of its position as registered agent as provided for in Florida Statutes Chapter 608.

Dated this 6<sup>th</sup> day of December, 2011.

NRAI SERVICES, INC.

By: 

Name: Michele Holden

Title: Asst. Secretary