

L12000049922

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

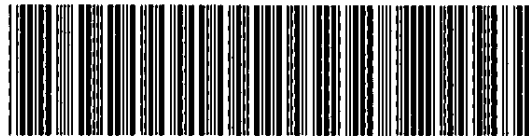
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

B. KOHR
APR 18 2012
EXAMINER

B. KOHR
APR 13 2012
EXAMINER



300226242713

04/11/12--01031--001 **155.00

RECEIVED
12 APR 11 PM 12:21
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

612A W 1637

FILED
12 APR 11 PM 12:27
SECRETARY OF STATE
DIVISION OF CORPORATIONS

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Lakeland Amputaion Prevention Center, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR 11 PM 12:27

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
✓ ____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
✓ ____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

Signature _____

Requested by: SETH

04/11/12

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR 11 PM 12:27

ARTICLES OF ORGANIZATION

OF

LAKELAND AMPUTATION PREVENTION CENTER, L.L.C.

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Act, F.S. Chapter 608, hereby makes, acknowledges and files the following Articles of Organization.

ARTICLE I - NAME

The name of the limited liability company (the "Company") shall be Lakeland Amputation Prevention Center, L.L.C.

ARTICLE II - DURATION

The limited liability company shall have perpetual duration.

ARTICLE III - PRINCIPAL PLACE OF BUSINESS AND ADDRESS

The principal place of business and the address of the Company shall be 2120 Lakeland Hills Boulevard, Lakeland, Florida 33805 and its mailing address is the same.

ARTICLE IV - PURPOSES AND POWERS

The general purpose for which the Company is organized is to transact any lawful business for which a limited liability company may be organized under the laws of the State of Florida in connection therewith. The Company shall have all the powers granted to a limited liability company under the laws of the State of Florida.

ARTICLE V - REGISTERED OFFICE AND AGENT

The name of the registered agent of the Company in the State of Florida is Jonn D. Hoppe, and its address is 225 E. Lemon Street, Suite 300, Lakeland, Florida 33801.

ARTICLE VI - MANAGEMENT

The Company shall be manager-managed. The signature of a Manager of the Company signing on behalf of the Company may be relied on as sufficient evidence of the action of the Company and that such action has been authorized by the consent of the Members as provided in the Operating Agreement.

ARTICLE VII - OPERATING AGREEMENT

The Members of the Company shall hereafter adopt an Operating Agreement setting forth all the terms, provisions, conditions and covenants by which the Company will be governed. The power to adopt, alter, amend or repeal the Operating Agreement shall be vested in the Members of the Company as further set forth in the Operating Agreement.

IN WITNESS WHEREOF, the undersigned, as organizer, hereby execute these articles of organization this 10 day of April, 2012.



Jonn D. Hoppe, Organizer

STATE OF FLORIDA
COUNTY OF POLK

Before me, the undersigned authority, an officer duly authorized to administer oaths and take acknowledgments, personally appeared Jonn D. Hoppe, who ☒ is personally known to me or who ☐ has produced _____ as identification.

WITNESS my hand and official seal this 10th day of April, 2012.

(NOTARIAL SEAL)



MARILYN A. SCHULZE
Notary Public, State of Florida
My Comm. Expires March 29, 2014
Commission No. DD 985773



Notary Public
My Commission Expires:

ACCEPTANCE

Having been named to accept service of process for Lakeland Amputation Prevention Center, L.L.C. at the place designated as stated in these Articles of Organization, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the duties and obligations of Chapter 608, Florida Limited Liability Company Act.

DATED this 10 day of April, 2012.



John D. Hoppe
Registered Agent