

L12000138790

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

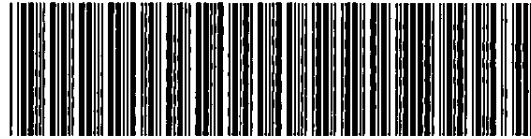
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/31/12--01011--016 **125.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2012 OCT 31 AM 11:00

C. LEWIS
NOV -1 2012
EXAMINER

BRENNAN, MANNA & DIAMOND
ATTORNEYS & COUNSELORS AT LAW

BONITA SPRINGS OFFICE
3301 Bonita Beach Road, Suite 100
Bonita Springs, Florida 34134
Telephone 239-992-6578
Facsimile 239-992-9328

AKRON OFFICE
75 East Market Street
Akron, Ohio 44308
Telephone 330-253-5060
Facsimile 330-253-1977

JACKSONVILLE OFFICE
800 West Monroe Street
Jacksonville, Florida 32202
Telephone 904-366-1500
Facsimile 904-366-1501

CHINA OFFICE
2 Hua Shan Road, Suite 906
Jing An District, Shanghai 200040
Telephone 011(86) 152-01829982

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VIA UPS DELIVERY

Tracking Number: 1Z9V2A520191996675

October 29, 2012

Florida Secretary of State
Registration Section Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

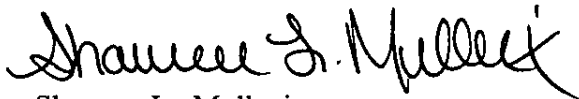
RE: Practical Wisdom, LLC

Dear Sir or Madam:

Enclosed please find the *Articles of Organization* for the above-referenced entity, along with the check in the amount of \$125.00 for the filing fee.

Thank you for your time and attention to this matter.

Very truly yours,



Shannan L. Mullenix
Paralegal

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Practical Wisdom, 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:

Kris Pedersen

Name of Person

Firm/Company

4320 Deerwood Lake Parkway, Suite 101, PMB 321

Address

Jacksonville, FL 32216

City/State and Zip Code

krispedersen@littleblackbagmedical.com

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

For further information concerning this matter, please call:

Stacy Lawrence

Name of Person

at (904) 371-4051

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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DIVISION OF CORPORATION
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Practical Wisdom, 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:

4320 Deerwood Lake Parkway, Suite 101
PMB 321
Jacksonville, FL 32216

Mailing Address:

4320 Deerwood Lake Parkway, Suite 101
PMB 321
Jacksonville, FL 32216

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:

Mark Bajalia

Name


800 West Monroe Street

Florida street address (P.O. Box **NOT** acceptable)

Jacksonville FL 32202

City, State, and Zip

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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SECRETARY OF STATE
DIVISION OF CORPORATION
2012 OCT 31 AM 11:00

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:

MGRM

Brian Layne Stephens, M.D.

4320 Deerwood Lake Parkway, Suite 101, PMB 321

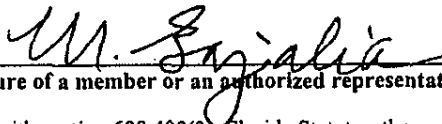
Jacksonville, FL 32216

(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:



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.)

Mark Bajalia, Authorized Representative

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)