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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W12-63915

JAN 17 2013

J. BRYAN

(850) 243-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Debonair Medical Group, LLPC
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:

Dr. Dana S Vitale

Name of Person

Firm/Company

1300 Savannah Dr

Address

Panama City, FL 32405

City/State and Zip Code

dsvitale@hotmail.com

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

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Dana S Vitale

928

897-2016

at ()

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 31, 2012

DR. DANA S. VITALE
1300 SAVANNAH DR
PANAMA CITY, FL 32405

SUBJECT: DEBONAIR MEDICAL GROUP, LLPC
Ref. Number: W12000063915

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for DEBONAIR MEDICAL GROUP, LLPC and your check(s) totaling \$465.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a professional limited liability company must end with P.L., P.L.C., P.L.L.C., PL, PLC, PLLC, PROFESSIONAL LIMITED COMPANY, CHARTERED, or PROFESSIONAL LIMITED LIABILITY COMPANY.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Joey Bryan
Regulatory Specialist II

Letter Number: 112A00030626

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Debonair Medical Group, PLLC

(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:

1300 Savannah Dr

Panama City, FL 32405

Mailing Address:

Same

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:

Dr. Dana S Vitale

Name

1300 Savannah Dr

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

Panama City, FL 32405

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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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:

MGR

Dr. Dana S Vitale

1300 Savannah Dr

Panama City, FL 32405

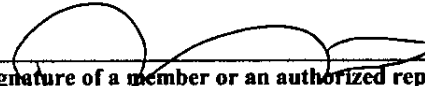
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(Use attachment if necessary)

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.)

Dana S Vitale

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)

Purpose of the Professional Limited Liability Company is medical practice.

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