

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000109440 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)617-6383

MAY 1 6 2013

From:

Account Name : EMPIRE CORPORATE KIT COMPANY SELLERS

Account Number: 072450003255

Phone ~

: (305)634-3694

Fax Number

: (305)633-9696

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

Frail	Address:			

# FLORIDA LIMITED LIABILITY CO.

Chris Schettino Medical Services, PLLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

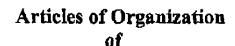
https://efile.sunbiz.org/scripts/efilcovr.exe

EWEIGE CORP

5/15/2013

3026339696

02/12/5013 15:02



# Chris Schettino Medical Services, PLLC

The undersigned natural person(s), of the age of eighteen years or more, acting as organizers of a professional limited liability company under the State of Florida Professional Limited Liability Company Act, adopt(s) the following Articles of Organization for such professional limited liability company.

#### Article 1. Name of Professional Limited Liability Company

Name of the Professional Limited Liability Company is, Chris Schettino Medical Services, PLLC

### Article 2. Registered Office and Registered Agent

The initial registered office of this limited liability company and the name of its initial registered agent at this address are:

The Law Offices of Max A. Adams, Esq., PLLC 325 Almeria Avenue Coral Gables, FL. 33134

#### Article 3, Statement of Purposes

The purposes for which this limited liability company is organized are:

All Lawful business.

#### Article 4. Management and Names and Addresses of Initial Manager

This will be a member-managed company. The name and address of each managing member are as follows:

Title:

MGRM

Name:

Chris Schettino

Address

156 Willow Falls Trail

Ponte Vedra, Florida 32081

# Article 5. Principal Place of Business of the Limited Liability Company

The principal place of business of the limited liability company shall be:

Address

156 Willow Falls Trail

Ponte Vedra, Florida 32081

# Article 6. Period of Duration of the Limited Liability Company

The period of duration of the limited liability company shall be:

"Perpetual"

### Article 7. Company Existence

The Company's existence shall begin effective as of 05/15/2013

The authorized members executed these Articles of Organization on 05/15/2013.

Max A. Adams, Attorney in Fact

DATE

### STATEMENT OF REGISTERED AGENT

### PROFESSIONAL LIMITED LIABILITY COMPANY:

CHRIS SCHETTINO MEDICAL SERVICES, PLLC.

#### REGISTERED AGENT/OFFICE:

The Law Offices of Max A. Adams, Esq., PLLC 325 Almeria Avenue Coral Gables, FL. 33134

I agree to act as registered agent to accept service of process for the company named above at the place designated in this Statement. I agree to comply with the provisions of all statutes relating to the proper and complete performance of the registered agent duties. I am familiar with and accept the obligations of the registered agent position.

The Medi-Law Firm, by

Max A. Adams, Attorney in Fact

DATE

Registered Agent for

CHRIS SCHETTINO MEDICAL SERVICES, FLLC.

Date: 05/15/2013

13 MAY 15 AM 8: 01