

L13000078311

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

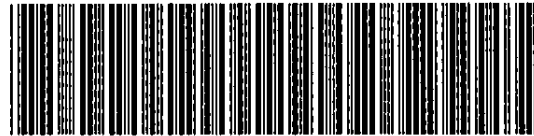
(Document Number)

Certified Copies ☒ Certificates of Status ☐

Special Instructions to Filing Officer:

Walters

Office Use Only



300248249523

RECEIVED
DEPT. OF STATE
DIVISION OF CORPORATIONS
2013 MAY 29 PM 4:49
NOT A SUBSTITUTE
FOR KNOWLEDGE
SUFFICIENCY OF FILING

FILED
2013 MAY 29 AM 8:19
DEPT. OF STATE
DIVISION OF CORPORATIONS

J. SAULSBERRY
EXAMINER
MAY 30 2013

FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302

155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 5/29/13

NAME: TELEMEDICINE SERVICES, LLC

TYPE OF FILING: ARTICLES

COST: 155.00

RETURN: CERTIFIED COPY PLEASE

FILED
2013 MAY 29 AM 8:19
OFFICE OF THE CLERK
TALLAHASSEE, FLORIDA

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Telemedicine Services, 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:

Capitol Services Corporate Filings Team
Name of Person

Capitol Services, Inc.
Firm/Company

800 Brazos, Suite 400
Address

Austin, TX 78701
City/State and Zip Code

mrash@keystonepropertygroup.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tara Morates at (800) 345-4647
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

FILED
2013 MAY 29 AM 8:19
MAY 29 2013
CLERK OF COURT
JUDICIAL CIRCUIT IN AND FOR
THE NINTH JUDICIAL CIRCUIT
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Telemedicine Services, 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:

1200 N. Federal Highway

Suite 100

Boca Raton, FL 33432

Mailing Address:

1200 N. Federal Highway

Suite 100

Boca Raton, FL 33432

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:

Capitol Corporate Services, Inc.

Name

155 Office Plaza Dr Ste A

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

Tallahassee

FL 32301

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.,



Gayle Windle, Assistant Secretary on behalf
of Capitol Corporate Services, Inc.
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED
2013 MAY 29 AM 8:19
TALLAHASSEE, FLORIDA

