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COVER LETTER

TO: **Registration Section**
Division of Corporations
MORE T CLINIC SITE 1, LLC

SUBJECT: _____
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BARRY DOVE

Name of Person

MORE T CLINIC SITE 1, LLC

Firm/Company

155 Cranes Roost Blvd., Suite 2060

Address

Altamonte Springs, Florida 32701

City/State and Zip Code

patents@barrydove.com

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

For further information concerning this matter, please call:

Barry Dove

972 220-8007

Name of Person

at (_____) _____

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**RESTATED ARTICLES OF ORGANIZATION
OF
MORE T CLINIC SITE 1, LLC**

The Articles of Organization for this Limited Liability Company were filed on June 17, 2013, and assigned Florida document number L13000086752.

Article I

The name of the Florida Limited Liability Company: **MORE T CLINIC SITE 1, LLC**

Article II

The street address of the principal office and mailing address of the Limited Liability Company is: **155 Cranes Roost Blvd., Suite 2060, Altamonte Springs, Florida 32701**

Article III

The purpose for which this Limited Liability Company is organized is:
Any and all lawful business.

Article IV

The name and Florida street address of the registered agent is:
**James Horgan
155 Cranes Roost Blvd., Suite 2060, Altamonte Springs, Florida 32701**

Article V

The name and address of Authorized Persons (managing members/managers) are:
**Title: Manager, Authorized Member
Name: More T, LLC
Address: 155 Cranes Roost Blvd., Suite 2060, Altamonte Springs, Florida 32701**

**Title: Medical Director More T Clinics Site 1
Name: Dr. Robert Roy Miles
Address: 125010 Twinburch Acres Road, Tampa, Florida 33626**

**Title: President
Name: Barry Dove
Address: 155 Cranes Roost Blvd., Suite 2060, Altamonte Springs, Florida 32701**

**Title: VP
Name: James Horgan
Address: 155 Cranes Roost Blvd., Suite 2060, Altamonte Springs, Florida 32701**

Article VI

Signature of member or an authorized representative of a member:


Barry Dove

I am the member or authorized representative submitting these Restated Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in Section 817.155, F.S.

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TALLAHASSEE