

L13000091729

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

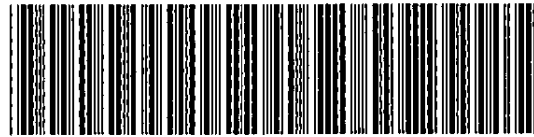
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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06/25/13--01005--009 \*\*130.00

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2013 JUN 25 AM 10:39  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

JUN 26 2013

D. BRUCE

EFFECTIVE DATE 06/25/13

(850) 245-6051.

### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Palm Orthopedics & Physical Medicine 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:

William Jensen PC  
Name of Person  
Premier Wellness Centers  
Firm/Company  
10801 SW Tradition Square  
Address  
Port St. Lucie FL 34987  
City/State and Zip Code  
drbillepremierwellnesscenters.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William Jensen at 772, 345-3933  
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

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Palm Orthopedics and Physical Medicine  
(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.") LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

**Mailing Address:**

10521 Village Ctr. Drive Same  
Suite 1020  
Pent St. Louis, FL 34987

**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:

Kelli Wilson  
Name  
10801 SW 10th St Tradition  
Florida street address (P.O. Box NOT acceptable)  
Pent St. Louis FL 34987  
City, State, and Zip

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CLERK OF STATE  
TALLAHASSEE FLORIDA

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..

Kelli Wilson  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

EFFECTIVE DATE 06/25/13

**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

MGRM

**Name and Address:**

William Jensen  
10081 SW Dolce Rd  
Port St. Lucie FL 34986

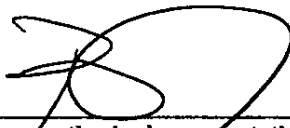
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 6/20/13 (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.)

William Jensen PC

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)

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2013 JUN 25 AM 10:30  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA