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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 16 2013

J. BRYAN

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SENT VIA FED EX

August 13, 2013

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**Re: Articles of Organization for Dr. Brian D. Gibson
and Dr. Vicki Nowak Ear, Nose and Throat, LLC**

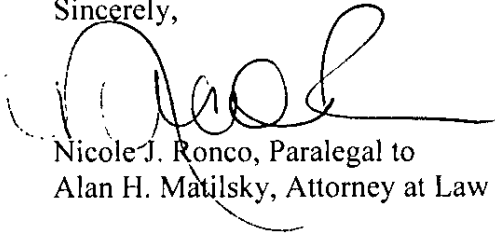
Dear Sir or Madam:

Enclosed please find an original and one conformed copy of the Articles of Organization for Dr. Brian D. Gibson and Dr. Vicki Nowak Ear, Nose and Throat, LLC, for filing with your office.

Also enclosed is a check for \$125.00 payable to the Florida Department of State for the applicable filing fee.

Please place your recording stamp on the enclosed conformed copy the Articles of Organization and return same to the undersigned. Thank you for your attention to this matter.

Sincerely,



Nicole J. Ronco, Paralegal to
Alan H. Matilsky, Attorney at Law

/njmr

cc: Dr. Brian D. Gibson
Dr. Vicki Nowak
Alan H. Matilsky, Esquire

Enclosures

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Dr. Brian D. Gibson and Dr. Vicki Nowak Ear, Nose and Throat, 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:

304 West 23rd Street
Panama City, FL 32405

Mailing Address:

304 West 23rd Street
Panama City, FL 32405

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:

Vicki Nowak, M.D.

Name

304 West 23rd Street

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..

Vicki Nowak, M.D.

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

Brian D. Gibson, M.D.

304 West 23rd Street

Panama City, FL 32405

MGR

Vicki Nowak, M.D.

304 West 23rd Street

Panama City, FL 32405

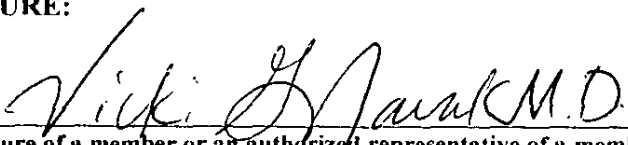
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(Use attachment if necessary)

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.)

Vicki Nowak, M.D.

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)