

10/15/13

Division of Corporations

Florida Department of State
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.

(((H13000228779 3)))



H130002287793A9C8

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

To:
 Division of Corporations
 Fax Number : (850) 617-6383

From:
 Account Name : HUBCO
 Account Number : 104662003400
 Phone : (516) 935-3940
 Fax Number : (800) 293-4075

2013 OCT 15 AM 10:36
 TALLAHASSEE, FL 32301

2013 OCT 15 AM 10:36

FILED

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

Email Address: csusjolan@gmail.com

FLORIDA LIMITED LIABILITY CO.
Dr. Jolan Keller Preventive Medical Services LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

OCT 16 2013
 A. LUNT

RECEIVED

13 OCT 15 PM 12:00

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

H13000228779

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Dr. Jolan Keller Preventive Medical Services LLC**

ARTICLE II - Address

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

Principal Office Address:

7245 River Forest Lane

Tampa, FL 33617

Mailing Address:

7245 River Forest Lane

Tampa, FL 33617

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

The name and Florida street address of the registered agent are:

Jolan C. Keller

Name

7245 River Forest Lane

(P.O. Box or Mail Drop Box **NOT** Acceptable)

Tampa, FL 33617

(City / State / Zip)

FILED
2013 OCT 15 AM 10 36
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.



Registered Agent's Signature - Jolan C. Keller

ARTICLE IV - Manager(s) or Managing Member(s):

H13000228779

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Jolan C. Keller - 7245 River Forest Lane, Tampa, FL 33617

(Use attachment if necessary)

REQUIRED SIGNATURE:


Signature of a member or 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.)

Jolan C. Keller

Typed or printed name of signee

FILED
2013 OCT 15 AM 10:35
CLERK OF COURT
TALLAHASSEE, FLORIDA

FILED