

L13000152092

(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



500252912825

10/28/13--01058--003 **155.00

FILED

2013 OCT 28 PM 12:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 29 2013

T. HAMPTON

Paul J. Burns, Esq.

12525 Walsingham Road
Largo, Fl 33774
(727) 595-4540
(727) 596-1016 Fax

October 25, 2013

Florida Department of State
Division of Comm. Recording
P.O. Box 6327
Tallahassee, Fl 32314

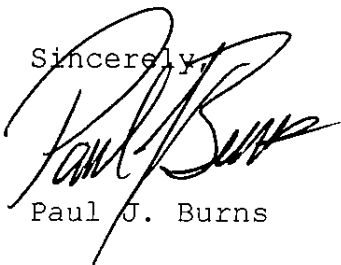
Re: MAGEE HEALTHCARE, LLC

Dear Sir/Madam:

Enclosed please find Articles of Organization for the above entity. Kindly file the same and return a filed copy to my office. I have enclosed a check in the amount of \$155.00 for your fees.

If anything further is needed, do not hesitate to contact my office.

Sincerely,

A handwritten signature in black ink, appearing to read "Paul J. Burns", written over the word "Sincerely,".

Paul J. Burns

ARTICLES OF ORGANIZATION OF MAGEE HEALTHCARE, LLC.

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

ARTICLE I — Name:

The name of the limited liability company (hereinafter referred to as the "Company") is "MAGEE HEALTHCARE, LLC."

ARTICLE II — Address:

The mailing address and street address of the principal office of the Company is
19817 Gulf Boulevard, #104, Indian Shores, FL 33785.

ARTICLE III — Registered Agent:

The name and the Florida street address of the initial registered agent are:
JOHN P. MAGEE, 19817 Gulf Boulevard, #104, Indian Shores, FL 33785.

ARTICLE IV — Management:

The Company is to be managed by the members. The names and addresses of the initial members are:

JOHN P. MAGEE, 19817 Gulf Boulevard, #104, Indian Shores, FL 33785.

ARTICLE V — Limitation on Agency Authority of Members:

Pursuant to section 608.4235 of the Florida Limited Company Act, no member of the Company, other than the initial member, shall be an agent of the Company solely by virtue of being a member.

ARTICLE VI — Purpose:

The purposes for which this limited liability company is organized is to engage in any activity or business permitted under the laws of the United States and of this state.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledge them to be my act this 25 day of October, 2013.



JOHN P. MAGEE

FILED
2013 OCT 28 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the undersigned limited liability company organized under the laws of the State of the Florida, submits the following statement in designating the registered office/registered agent in the State of Florida.

1. The name of the limited liability company is **MAGEE HEALTHCARE, LLC.**
2. The name and address of the registered agent and office is JOHN P. MAGEE, 19817 Gulf Boulevard, #104, Indian Shores, Fl 33785.



JOHN P. MAGEE, Member
Date: October 25, 2013


FILED
2013 OCT 28 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

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 designation as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statues 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 under Chapter 608, Florida Statutes.

(In accordance with section 608.408(3), Florida Statutes, the execution of this statement constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Dated: October 25, 2013



JOHN P. MAGEE
Registered Agent