

L140000011904

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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14 JAN 15 11 42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Billy G. Heyser, D.C., M.D., 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:

Billy G. Heyser, D.C., M.D.

Name of Person

Billy G. Heyser, D.C., M.D., LLC

Firm/Company

1962-A Village Green Way

Address

Tallahassee, FL 32308

City/State and Zip Code

docheyser@aol.com

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

For further information concerning this matter, please call:

Billy G. Heyser

Name of Person

850

Area Code

668-0444

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

FILED  
14 JAN 15 10 42 AM  
TALLAHASSEE, FL 32301  
SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Billy G. Heyser, D.C., M.D., 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:**

**Mailing Address:**

1962-A Village Green Way

1962-A Village Green Way

Tallahassee, FL 32308

Tallahassee, FL 32308

**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:

Kristen R. Heyser

Name

1962-A Village Green Way

Florida street address (P.O. Box **NOT** acceptable)

Tallahassee

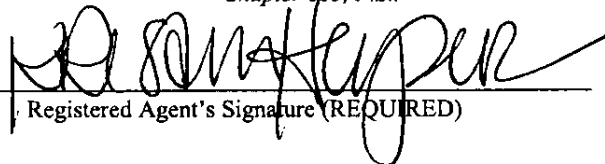
FL

32308

City

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 605, F.S.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
14 JAN 15 7:46:25  
SECRETARY OF STATE  
TALLAHASSEE, FL 32309

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

AMBR

**Name and Address:**

Billy G. Heyser, D.C., M.D.

1962-A Village Green Way  
Tallahassee, FL 32308

Kristen R. Heyser

1962-A Village Green Way  
Tallahassee, FL 32308

Dave Wengert

3080 Ironwood Drive  
Tallahassee, FL 32309

(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.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

Billy G. Heyser, D.C., 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)

FILED  
14 JAN 15 10 46 27  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304