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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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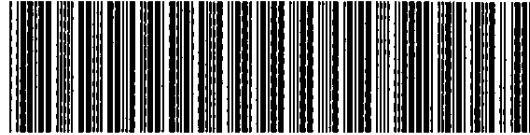
(Business Entity Name)

(Document Number)

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FILED  
14 JAN 16 10 00 AM  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: M. MCKINNEY WOUND CARE, PLLC  
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:

D. Grant Leggett

Name of Person

Firm/Company

841 Prudential Dr., 12th Floor

Address

Jacksonville, FL 32207

City/State and Zip Code

mmckinney300@gmail.com

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

For further information concerning this matter, please call:

Michael McKinney

Name of Person

904

Area Code

238-7898

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 16 PM 8:59  
TALLAHASSEE, FL

**ARTICLES OF ORGANIZATION  
OF  
M. MCKINNEY WOUND CARE, PLLC**

The undersigned, for the purpose of forming a Professional Limited Liability Company under the Florida Limited Liability Company Act, does hereby adopt the following Articles of Organization.

**ARTICLE I - NAME**

The name of the limited liability company is M. McKinney Wound Care, PLLC, ("company").

**ARTICLE II - PURPOSE**

The purpose for which the company is organized shall be for the practice of medicine and to provide medical care services and the engagement of any lawful business or investment activity as the Members may from time to time determine.

**ARTICLE III - MEMBERS**

The admission of new Members shall be subject to the unanimous approval of the existing Members of the company.

**ARTICLE IV - INDEMNIFICATION**

Unless expressly prohibited by Florida law, the Company shall indemnify and hold harmless any Member or Member-Manager from and against any and all claims and demands against such person whatsoever which relate in any manner to or arise from the activities of the company or assets owned by the company.

**ARTICLE V - ADDRESS**

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

Principal Office Address:

1301 Warbler Way  
Middleburg, Florida 32068

Mailing Address:

1301 Warbler Way  
Middleburg, Florida 32068

**ARTICLE VI - REGISTERED AGENT**

FILED  
14 JAN 16 PM 3:59  
TALLAHASSEE  
SECRETARY OF STATE

REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

Dr. Michael McKinney  
1301 Warbler Way  
Middleburg, Florida 32068

*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..*

  
Dr. Michael McKinney

ARTICLE VII – MEMBER-MANAGED

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

"AMBR"

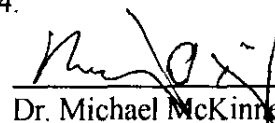
Dr. Michael McKinney, as Member-Manager  
1301 Warbler Way  
Middleburg, Florida 32068

ARTICLE VIII – EXECUTION

Under penalties of perjury, the undersigned, Dr. Michael McKinney, constituting the sole Member of the company, having been duly authorized, declares that he has read the foregoing and knows the contents thereof and that the facts stated herein are true and correct.

DATED this 9 day of January, 2014.

REQUIRED SIGNATURE:

  
Dr. Michael McKinney, member

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.)

FILED  
17 JAN 16 2014  
MIDDLEBURG, FL  
SHERIFF'S OFFICE