

L14000027831

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

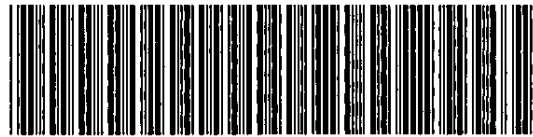
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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14 FEB 17 PM 2:55  
TALLAHASSEE, FL 32309

2543



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 31, 2014

H DAVID BRANNON  
3312 N 18TH AVE  
PENSACOLA, FL 32503

SUBJECT: H DAVID BRANNON, MD, LLC  
Ref. Number: W14000006562

We have received your document for H DAVID BRANNON, MD, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 314A00002215

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: H. David Brannon, MD, 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:

**H. David Brannon**

Name of Person

**H. David Brannon, MD, LLC**

Firm/Company

**3312 N. 18th Ave.**

Address

**Pensacola, Fl 32503**

City/State and Zip Code

**pensbeachbum@aol.com**

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

For further information concerning this matter, please call:

**Lisa Brannon**

Name of Person

**850 435-8878**

Area Code

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

H. David Brannon , MD 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:**

3312 N. 18th Ave.  
Pensacola, FL 32503

3312 N. 18th Ave.  
Pensacola, FL 32503

**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:

H. David Brannon

Name

3312 N. 18th Ave.

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


Pensacola

FL 32503

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 FEB 17 PM 2:56  
CLERK OF CIRCUIT COURT  
JACKSONVILLE, FLORIDA

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

H. David Brannon

3312 N. 18th Ave

Pensacola, FL 32503

AMBR

Lisa Brannon

3312 N. 18th Ave.

Pensacola, FL 32503

(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:**

Lisa Brannon

**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.)

Lisa Brannon

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)**

14 FEB 17 PM 2:56  
RECEIVED  
DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

Florida Dept. of State

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

RE: H. David Brannon, MD, LLC

Ref. Number: W14000006562

Please release the name of my dissolved P.A., H. David Brannon, MD, PA, so that the name can be used in the filing of my LLC. I do not have intentions of reinstating the P.A.

Thank you for your assistance.

Sincerely,



H. David Brannon

2/12/14

14 FEB 17 PM 2:56  
TALLAHASSEE, FL 32314  
00000006562