

L14 0000 40394

(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



200256942722

03/10/14--01001--010 **125.00

RECEIVED
OFFICE OF THE
CLERK OF THE
SUPREME COURT
2014 MAR 10 12:10:26
TO ADDITIONAL
SUFFICIENCY OF FILING

MAR 11 2014
T CLINE

FILED
2014 MAR 10 AM 9:31
CLERK OF THE
SUPREME COURT
FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-23

CONTACT: SAVANNAH DEBOER

DATE: 03/10/14

REF. #: 7748354.9073924

CORP. NAME: GUIDEWELL EMERGENCY MEDICINE DOCTORS, LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 70016356 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

2014 MAR 10 AM 9:31
SECRETARY OF STATE
TALLAHASSEE, FL 32301

FILED

**ARTICLES OF ORGANIZATION
OF
GUIDEWELL EMERGENCY MEDICINE DOCTORS, LLC**

ARTICLE I - Name:

The name of the Limited Liability Company is GuideWell Emergency Medicine Doctors, LLC (the "Company").

ARTICLE II - Address:

The mailing address and street address of the initial principal office of the Company is 4800 Deerwood Campus Pkwy, DC1-7, Jacksonville, FL 32246.

ARTICLE III - Registered Agent:

The street address of the initial registered office of the Company shall be 4800 Deerwood Campus Parkway, DCC1-7, Jacksonville, FL 32246, and the name of the initial registered agent of the Company at that address is Ari Jolly.

ARTICLE IV - Management:

The Company is to be managed by its manager(s).

ARTICLE IV - Member:

Upon the filing and acceptance of these Articles of Organization with the Florida Secretary of State, the Company shall have one member.

IN WITNESS WHEREOF, the undersigned Authorized Representative has executed these Articles of Organization as of March 7, 2014.

Authorized Representative

By: 


Name: Charles Divita

Title: SVP and Chief Executive Officer

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 by 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 the obligations of my position as a registered agent as provided for in F.S. Section 605.0113.

Dated: March 7, 2014

By: 
Arezof "Ari" Clegg Jolly

2014 MAR 10 AM 9:32
SECRETARY OF STATE
TALLAHASSEE, FL 32310

FILED