

L14 000059004

(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



000258384420

04/09/14--01026--011 **160.00

APR 10 2014

T CLINE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 APR -9 PM 1:47

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MANAGED CARE PARTNERSHIPS, 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:

SARAH M MURRAY

Name of Person

MANAGED CARE PARTNERSHIPS, LLC.

Firm/Company

8950 SW 74TH COURT, 22ND FLOOR

Address

MIAMI, FLORIDA 33156

City/State and Zip Code

Smurrayv@aol.com

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

For further information concerning this matter, please call:

Sarah Murray at (305) 905-8295
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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
2014 APR -9 PM 1:47
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MANAGED CARE PARTNERSHIP, 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:

8950 SW 74TH COURT

8950 SW 74TH COURT

22ND FLOOR

22ND FLOOR

MIAMI, FL 33156

MIAMI, FL 33156

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:

SARAH M MURRAY

Name

8950 SW 74TH COURT, 22ND FLOOR

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

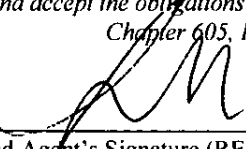
MIAMI

FL 33156

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
2014 APR -9 PM 1:47
SECRETARY OF STATE
TALLAHASSEE, 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:

SARAH M MURRAY

8950 SW 74TH COURT, 22ND FLOOR

MIAMI, FL 33156

AMBR

ELIZABETH C MURRAY

8950 SW 74TH COURT, 22ND FLOOR

MIAMI, FL 33156

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: APRIL 7TH, 2014. (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.)

SARAH M MURRAY

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)

2014 APR -9 PM 1:47
CLERK OF STATE
OFFICE OF THE CLERK OF STATE
TALLAHASSEE, FLORIDA