

(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:			
1.1.2027/			
W14-32376			

Office Use Only



200258377802

04/07/14--01024--007 **125.00

2014 APR 17 PH 1: 14

(APR 21 2014). BRUCE



FLORIDA DEPARTMENT OF STATE Division of Corporations

April 8, 2014

KERRY ANNE SCHULTZ, ESQ. 2045 FOUNTAIN PROFESSIONAL CT., STE A NAVARRE, FL 32566

SUBJECT: CHRISTOPHER BURTON, M.D. & ASSOCIATES, L.L.C.

Ref. Number: W14000022376

We have received your document for CHRISTOPHER BURTON, M.D. & ASSOCIATES, L.L.C. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes. The proper form is enclosed for your convenience.

Please return 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.

Deborah Bruce Regulatory Specialist II

Letter Number: 514A00007520

2014 APR 17 PM 1: 14

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: CHRISTOPHER BURTON, M.D. Name of Lin	& ASSOCIATES, L.L.C. mited Liability Company	<u></u>	
The enclosed Articles of Organization and fee(s) a	re submitted for filing.		
Please return all correspondence concerning this m	natter to the following:		
KERRY ANNE SCHULTZ, ESQUI	RE Name of Person		
FOUNTAIN, SCHULTZ & ASSOCI			
	Firm/Company		
2045 FOUNTAIN PROFESSIONAL	CT STE A		
	Address		
NAVARRE, FL 32566	City/State and Zip Code		
•	htty/State and Zip Code		
KASCHULTZ@FOUNTAINLAW.COM E-mail address: (to be use	d for future annual report notifica	ation)	
For further information concerning this matter, plea	ase call:	20	
,,		2014 APR	
	850) 939-3535	2	CONT.
Name of Person	Area Code Daytime Te	lephone Number	
Enclosed is a check for the following amount:		<u> </u>	
✓ \$125.00 Filing Fee S130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing free; Certificate of Status & F Certified Copy (additional copy is enclosed)	lkw!
Mailing Address	Street/Courier Add	ress	
Registration Section	Registration Section		
Division of Corporations	Division of Cornerat	ione	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION

OF

CHRISTOPHER BURTON, M.D. & ASSOCIATES, L.L.C.

The undersigned, being authorized to execute and file these Articles on behalf of the members for the purpose of forming a professional limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 605, does hereby certify and adopt these Articles of Organization.

ARTICLE I - NAME

The name of the limited liability company shall be "CHRISTOPHER BURTON, M.D. & ASSOCIATES, L.LC." ("Company").

ARTICLE II - ADDRESS

The mailing address of the principal office of the Company shall be 2045 Fountain Professional Ct., Suite A, Navarre, Florida 32566 and the street address of the principal office of the Company shall be 2045 Fountain Professional Ct., Suite A, Navarre, Florida 32566.

ARTICLE III – DURATION and PURPOSE

The Company shall commence on the date of filing these Articles of Organization with the Florida Department of State and the Company's existence shall be perpetual. The primary purposes of the Company shall be professional services, and any and all lawful business.

ARTICLE IV - REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of the Company in the State Florida is Kerry Anne Schultz, Esquire, 2045 Fountain Professional Ct., Suite A. Naza Florida 32566.

ARTICLE V - CAPITAL CONTRIBUTIONS

The cash and/or property contributed to the Company by its members and the members obligations to make additional contributions to the Company shall be as prescribed in the Operating Agreement of the Company as adopted and agreed upon by the members.

ARTICLE VI – MANAGER(S) OR MANAGING MEMBER(S)

The name and address of each Manager or Managing Member is as follows:

Name and Address:

Title:

Christopher Burton, Trustee of the Burton Revocable Trust dated July 30, 2012 2045 Fountain Professional Ct., Suite A Navarre, Florida 32566 Managing Member

ARTICLE VII - ADMISSION OF ADDITIONAL MEMBERS

Additional members may not be admitted except as prescribed in the Operating Agreement of the Company as adopted and agreed upon by the members. Members' interests in the Company may not be transferred except as prescribed in the Operating Agreement of the Company as adopted and agreed upon by the members.

ARTICLE VIII - MEMBERS' RIGHTS TO CONTINUE BUSINESS

Upon the death, retirement, resignation, expulsion, bankruptcy, withdrawal, or dissolution of a member, or upon the occurrence of any other event which terminates the continued membership of a member in the Company, the remaining members of the Company shall have the right to continue the business of the Company as prescribed in the Operating Agreement of the Company as adopted and agreed upon by the members.

ARTICLE IX - MANAGEMENT

The Company shall be member-managed in accordance with the Operating Agreement of the Company as adopted and agreed upon by the members.

ARTICLE X - AMENDMENT

These Articles of Organization and the Operating Agreement of the Company may be amended from time to time as prescribed in the Operating Agreement of the Company as adopted and agreed upon by the members.

IN WITNESS WHEREOF, the undersigned hereby acknowledges and executes these Articles of Organization on behalf of and as an authorized representative of the members and of the Company.

KERRY ANNE SCHULTZ, Organizer

STATE OF FLORIDA **COUNTY OF SANTA ROSA**

Sworn to and subscribed before me this Schultz, who (v) is personally known to me or who () has produced identification and who did not take an oath.

dag of April, 2014, by Kerry Anne

NOTARY PUBLIC

Commission No.:

My Commission Expires:



ACCEPTANCE OF DESIGNATION AS RESIDENT AGENT

KERRY ANNE SCHULTZ, the designated resident agent of CHRISTOPHER BURTON, M.D. & ASSOCIATES, L.LC., does hereby certify that her business address is 2045 Fountain Professional Court, Suite A, Navarre, Florida 32566, do hereby accept the designation and appointment as resident agent of CHRISTOPHER BURTON, M.D. & ASSOCIATES, L.L.C., a Florida Limited Liability Company, and am familiar with and accept the duties and obligations of registered agent.

DATED this \mathcal{L}^{\uparrow} day of April, 2014.

Kerry Anne Schultz

STATE OF FLORIDA COUNTY OF SANTA ROSA

NOTARY PUBLIC

Commission No.:_

Commission Expires:

BRENDA L TURLEY— Notary Public -State of Fi67ida My Comm. Expires Mar 9, 2017 Commission # EE 879019 Bonded Through National Notary Assn.