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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Gulligan JUN 19 2014

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Debbie C. Sheneman, NP-C, 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:

Cristin Silliman  
Name of Person

The Legacy Law Firm, LLC  
Firm/Company

PO Box 2365  
Address

Oldsmar, FL 34677  
City/State and Zip Code

0927 debbie. @gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Debbie Sheneman at (941) 920-2842  
Name of Person 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

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION**  
**FOR**  
**DEBBIE C. SHENEMAN, NP-C, LLC**

**ARTICLE I**

The name of the Limited Liability Company is: Debbie C. Sheneman, NP-C, LLC.

**ARTICLE II**

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

308 51<sup>st</sup> Street Ct West  
Palmetto, Florida 34221

**ARTICLE III**

The registered agent is Debbie C. Sheneman. The street address of the registered agent is:

308 51<sup>st</sup> Street Ct West  
Palmetto, Florida 34221

*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 Florida Statute, Chapter 605.*

  
Debbie C. Sheneman

**ARTICLE IV**

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

**Title:**

MGR

**Name and Address:**

Debbie C. Sheneman

308 51<sup>st</sup> Street Ct West  
Palmetto, Florida 34221

**ARTICLE V**

Effective date: immediately upon filing.

**REQUIRED SIGNATURE:**



Debbie C. Sheneman

*In accordance with §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 Florida Statutes §817.155)*

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