

LK4000098296

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

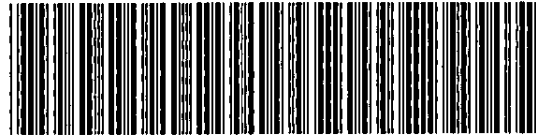
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TO: FILING OFFICE  
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FILED  
14 JUN 19 PM 12:41  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUN 19 2014

S. YOUNG

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

## FILING COVER SHEET

ACCT. #FCA-23

CONTACT: SAVANNAH DEBOER

DATE: 06/18/2014

REF. #: 9183147

CORP. NAME: PEPIN OPERATOR LLC

☐ ARTICLES OF INCORPORATION    ☐ ARTICLES OF AMENDMENT    ☐ ARTICLES OF DISSOLUTION

☐ ANNUAL REPORT    ☐ TRADEMARK/SERVICE MARK    ☐ FICTITIOUS NAME

☐ FOREIGN QUALIFICATION    ☐ LIMITED PARTNERSHIP    ☒ LIMITED LIABILITY

☐ REINSTATEMENT    ☐ MERGER    ☐ WITHDRAWAL

☐ CERTIFICATE OF CANCELLATION

☐ OTHER:

STATE FEES PREPAID WITH CHECK # 70022132 FOR \$ 160.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

COST LIMIT: \$

PLEASE RETURN:

☒ CERTIFIED COPY

☒ CERTIFICATE OF GOOD STANDING

☐ PLAIN STAMPED COPY

☐ CERTIFICATE OF STATUS

Examiner's Initials

FILED  
14 JUN 19 PM 12:41  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: PEPIN OPERATOR 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:

RICHARD D. RUSSELL  
Name of Person

PEPIN OPERATOR LLC  
Firm/Company

100 NORTH TAMPA STREET, SUITE 3550  
Address

TAMPA, FL 33602  
City/State and Zip Code

RRUSSELL@MISSIONHEALTHCOMMUNITIES.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICHARD RUSSELL at ( 813 ) 367-0249  
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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SECRETARY OF STATE  
TALLAHASSEE, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

PEPIN OPERATOR 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:

100 NORTH TAMPA STREET  
SUITE 3550  
TAMPA, FL 33602

100 NORTH TAMPA STREET  
SUITE 3550  
TAMPA, FL 33602

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:

NRAI SERVICES, INC.  
Name

1200 SOUTH PINE ISLAND ROAD  
Florida street address (P.O. Box NOT acceptable)

TALLAHASSEE FL 33324  
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.*

Katei Wamsler Asst. Secretary  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

STUART D. LINDEMAN  
MGR

Name and Address:

100 NORTH TAMPA STREET, SUITE 3550  
TAMPA, FL 33602

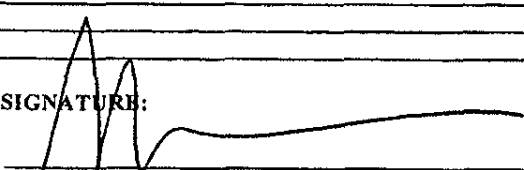
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: XXX (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.)

STUART D. LINDEMAN, MGR

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)

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TALLAHASSEE, FLORIDA