

L14000140580

(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



300263822073

09/02/14--01047--004 **130.00

STATE OF FLORIDA
TALLAHASSEE

2014 SEP -2 AM 11:30

FILED

SEP 09 2014
J. BRUCE

LAW OFFICES OF JAMES P. COVEY, P.A.

<u>VERO BEACH OFFICE</u> 1575 Indian River Boulevard, Suite C-120 Vero Beach, FL 32960 Telephone: 772.770.6160 Facsimile: 772.770.6074	<u>STUART OFFICE</u> 2207 S. Kanner Highway Stuart, FL 34994-4619 Telephone: 772.286.5820 Facsimile: 772.286.1505
---	--

James P. Covey, J.D., M.B.A.
Licensed to practice in Florida and Maryland

Robyn H. Eschmann
Florida Registered Paralegal/Firm Administrator
Melanie B. Lawrence
Paralegal

Dorothea F. DePace
Paralegal
Alexandra N. DeMayo
Paralegal

August 29, 2014

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

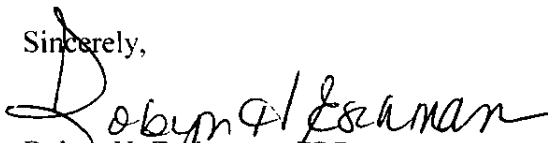
Re: ProViva Medical, LLC.

Enclosed, please find the following:

1. Cover Letter;
2. Articles of Organization for ProViva Medical, LLC.;
3. James P. Covey, P.A. firm check in the amount of \$130.00 representing the Filing Fee & Certificate of Status for ProViva Medical, LLC.

If you should have any questions or should need any further information to complete this request, please contact this office at 772.770.6160.

Sincerely,


Robyn H. Eschmann, FRP
Paralegal

/ml
enclosures

FILED
2014 SEP - 2 AM 11:30
TALLAHASSEE, FLORIDA
STATE TARY OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ProViva Medical, 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:

James P. Covey, Esq.

Name of Person

Law Offices of James P. Covey, P.A.

Firm/Company

1575 Indian River Boulevard, Suite C-120

Address

Vero Beach, Florida 32960

City/State and Zip Code

courtemail@jcoveylaw.com

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

For further information concerning this matter, please call:

James P. Covey, Esq.

Name of Person

at (772) 770.6160

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

SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2014 SEP -2 AM 11:30

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ProViva Medical, 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:

40 NE Plantation Road
Stuart, FL 34996

40 NE Plantation Road
Stuart, FL 34996

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:

James P. Covey, Esq.

Name

1575 Indian River Boulevard, Suite C-120

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

Vero Beach

FL

32960

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 SEP -2 AM 11:30
CLERK 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

"AMBR" _____

"MGR" _____

Name and Address:

Anne Marie Paradis Knauf

40 NE Plantation Road

Stuart, FL 34996

Anne Marie Paradis Knauf

40 NE Plantation Road

Stuart, FL 34996

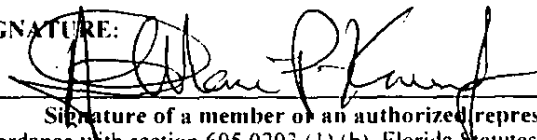
(Use attachment if necessary)

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

Anne Marie P. Knauf

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)

FILED
2014 SEP -2 AM 11:30
DEPT. OF STATE
TALLAHASSEE, FLORIDA