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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC.
Account Number : 120010000062
Phone : (323) 962-8600
Fax Number : (323) 962-3889

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address:

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TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
Jacksonville blood and cancer specialist, PLLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$155.00

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Jacksonville blood and cancer specialist, PLLC
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:

Chevenne Moseley

Name of Person

LegalZoom.com, Inc.

Firm/Company

100 W Broadway, Suite 100

Address

Glendale, CA 91210

City/State and Zip Code

onlinefilings@legalzoom.com

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

For further information concerning this matter, please call.

Chevenne Moseley

Name of Person

at (323)

Area Code

962-8600 ext 7625

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

Nov. 11. 2014 12:48PM ICON ONCOLOGY

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Jacksonville blood and cancer specialist, PLLC

(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:6339 Fleming Dr.
Fleming Island, FL 32003

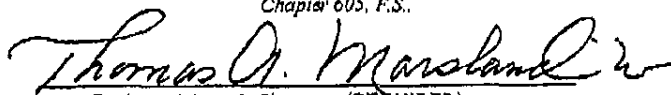
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

Thomas Marsland
Name6339 Fleming Dr.
Florida street address (P.O. Box NOT acceptable)Fleming Island FL 32003
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)

Thomas Marsland

(CONTINUED)

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TALLAHASSEE, FLORIDA

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

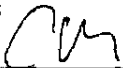
"MGR" = Manager

MGR & AMBR**Name and Address:**Tom Marsland6339 Fleming Dr.Fleming Island, FL 32003MGR & AMBRCarlos Castilins6339 Fleming Dr.Fleming Island, FL 32003AMBRLinda Sylvester6339 Fleming Dr.Fleming Island, FL 32003AMBRJeff Harris6339 Fleming Dr.Fleming Island, FL 32003

(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.Professional business activity: Medical Doctors**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.)

Cheyenne Moseley, Legalzoom.com, Inc.

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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Attachment to
Articles of Organization for
Jacksonville blood and cancer specialist, PLLC

Additional members of the Limited Liability Company are:

<u>Name of Member</u>	<u>Address</u>
Yan Makevey	6339 Fleming Dr., Fleming Island, FL 32003
Matthew Luke	6339 Fleming Dr., Fleming Island, FL 32003
Mohamad Kahn	6339 Fleming Dr., Fleming Island, FL 32003
Zhen Hoa	6339 Fleming Dr., Fleming Island, FL 32003
Robert Joycc	6339 Fleming Dr., Fleming Island, FL 32003

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