

LIS000071438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

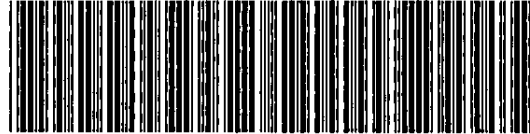
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800271730558

04/15/15--01015--003 \*\*125.00

FILED  
15 APR 15 PM 4:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

WAD 123/15



1200 Plantation Island Drive South, Suite 140  
Saint Augustine, Florida 32080

April 13, 2015

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

***RE: Palm Coast Medical Arts, LLC***

Dear Sir or Madam:

Enclosed is a check for the filing fee in the amount of \$125.00 for the registration of the LLC.

Thank you for your attention to the foregoing. Please contact me if you require further work or information.

Sincerely,

Laura A Byles  
Legal Assistant

FILED  
15 APR 15 PM 4:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Palm Coast Medical Arts, 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:

Robert L. McLeod II

Name of Person

The McLeod Firm

Firm/Company

1200 Plantation Island Drive South Ste 140

Address

Saint Augustine, Florida 32080

City/State and Zip Code

lmorton@themcleodfirm.com

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

For further information concerning this matter, please call:

Leslie H. Morton

Name of Person

at ( 904 ) 471-5007

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

FILED  
15 APR 15 PM 4:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Palm Coast Medical Arts, 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:

180 Pinnacles Drive

Suite 101

Palm Coast, FL 32164

180 Pinnacles Drive

Suite 101

Palm Coast, FL 32164

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:

Kenneth Kresge

Name

1200 Plantation Island Dr S Ste 230

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

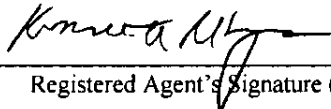
Saint Augustine

City

FL 32080

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)

Page 1 of 2

FILED  
15 APR 15 PM 4:38  
SECRETARY 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

MGR

**Name and Address:**

Don Joseph A. Alfonso, M.D.

MGR

Renato A. Alfonso, M.D.

MGR

Vincent M. Verdeflor, M.D.

MGR

Dusanka F. Angelov, M.D.

(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:**

*Leslie Morton*

**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.)

*Leslie Morton attorney*

Typed or printed name of signer

**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**  
**15 APR 15 PM 4:38**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**