

LS 00 00P5691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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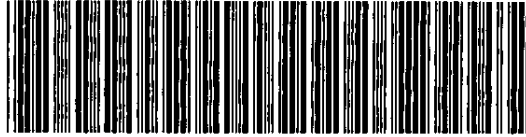
(Business Entity Name)

(Document Number)

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

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15 MAY 11 AM 8:11  
OFFICE OF THE CLERK  
TALLAHASSEE, FLORIDA

J. Stivers MAY 15 2015

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: ROBERT H PAXSON M.D., 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 H. PAXSON

Name of Person

ROBERT H. PAXSON, M.D.

Firm/Company

171 ISLAND GROVE DRIVE

Address

MERRITT ISLAND, FL 32952

City/State and Zip Code

CPAXSON1@CFL.RR.COM

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

For further information concerning this matter, please call:

CONNIE PAXSON

321

431-3446

at ( )

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 Address**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ROBERT H PAXSON M.D., 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:

171 ISLAND GROVE DRIVE  
MERRITT ISLAND, FL 32952

Mailing Address:

171 ISLAND GROVE DRIVE  
MERRITT ISLAND, FL 32952

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:

J. COLE OLIVER

Name

1901 HARBOR CITY BLVD., SUITE 500

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

MELBOURNE

FL

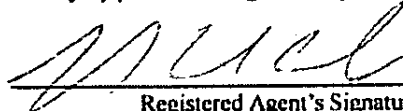
32901

City

State

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)

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15 MAY 11 AM 8:11  
STATE OF FLORIDA  
DEPARTMENT OF REVENUE

**ARTICLE IV-**

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

**Title:**

\*AMBR\* = Authorized Member

\*MGR\* = Manager

Robert Paxson MGR

**Name and Address:**

171 ISLAND GROVE DRIVE  
MERRITT ISLAND, FL 32952

Connie Paxson MGR

171 ISLAND GROVE DRIVE  
MERRITT ISLAND, FL 32952

(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**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.)

ROBERT H. PAXSON

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)

15 MAY 11 AM 8:11  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA