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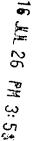
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# **COVER LETTER**

TO: Registration Section Division of Corporations				
SUBJECT: MAGNOMA CLINIC LLE  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:				
ZAUHAHY VELLIER Name of Person				
Firm/Company				
2501 Spotsylvania Court Address				
TALLAHABBEE, FL 32312  City/State and Zip Code  THE ZACHYELPIER & GMALL, COM				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Name of Person Area Code Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$125.00 Filing Fee Certificate of Status  Status Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				

Mailing Address
New Filing Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A.	R	TI	CI	Æ	[ -	Namo	2:
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The name of the Limited Liability Company is:

Mry Wia Clinic LLC
(Must end with the words "Limited Liability Company,"

# ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address: Mailing Address:

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:

Name

7501 Spots [Varia (+
Florida street address (P.O. Box NOT acceptable)

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..

(CONTINUED)

Page 1 of 2

	ARTICLE IV- The name and address of each person authorized to manage and control the Limited Liability Company:				
	Title: "AMBR" = Authorized Member	Name and Address:			
MGR	"MGR" = Manager Baymond L. Verrier	1113 LOTHIAN DRIVE TAllAhassee, FL 32312			
mgr	Zac Verrier	7501 spotsylvenia et Tallahagsec/FL/32317			
A MBA	L buzaibativerner	1113 bothian Dr Tallahasse FL32317			
AMBR	Angela Verrier	2501 SPOTSY VANIA Ct. TALLAHASSEL, FL 32317			
	(Use attachment if necessary)				
the date <u>Note:</u> the doc	e of filing.)	d cannot be more than five business days prior to or 90 days after applicable statutory filing requirements, this date will not be listed as s records.			
	REOUIRED SIGNATURE:				
	This document is executed in ac I am aware that any false informa constitutes a third degree felony:	r an authorized representative of a member. cordance with section 605.0203 (1) (b), Florida Statutes. ation submitted in a document to the Department of State as provided for in s.817.155, F.S.			
	Zuc Ver	or printed name of signee			
		Filing Fees:			
	\$125.00 Filing Fee for Articles of Organizati \$ 30.00 Certified Copy (Optional)	on and Designation of Registered Agent			
\$ 5.00 Certificate of Status (Optional)					

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