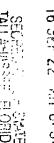
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# **COVER LETTER**

10:	Division of Corporations			
SUBJE	CT: Compassionate Medical Associates	s, LLC		
SOBJE	Name of I	Limited Liabili	ty Company	<del></del>
The end	closed Articles of Organization and fee(s)	are submitted	for filing.	
Please r	eturn all correspondence concerning this	matter to the f	ollowing:	
	Joseph C. Dorn			
		Name of	Person	<u> </u>
	Compassionate Medical Associates			
		Firm/Co	mpany	
	193 Nursery Road			
		Addr	ess	
	Monticello, Florida 32344			
	tallahasseejoc14@gmail.com	City/State an	d Zip Code	
	E-mail address: (to be us	sed for future a	nnual report notification)	
For furth	er information concerning this matter, ple	ase call:		
	Joseph Dorn	850	544-5325	
	Name of Person	Area Code	Daytime Telephone Nu	ımber
Enclose	ed is a check for the following amount:			
\$125.0	0 Filing Fee \$\forall 130.00 Filing Fee & Certificate of Status	L—lCertifi	ed Copy al copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy dditional 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 C Tallahassee, FL 32301	ircle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICL	ΕI	- N	ame
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The name of the Limited Liability Company is:

Compassionate Medical Associates, 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:** 

193 Nursery Road	193 Nursery Road
Monticello, Florida 32344	Monticello, Florida 32344

## 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:

Joseph C. Dorn			
	Name		
193 Nursery Road			
Florida street address (P.O. Box NOT acceptable)			
Monticello	Florida	32344	
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)

Page 1 of 2

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

	Title:	114 1	Name and Address:	
	"AMBR" = Authorized	1 Member		
	"MGR" = Manager AMBR		Joseph C. Dorn	
	7 HVBR	-	193 Nursery Road	
			Monticello, Florida 32344	
		_		
		_		
		_		
	(Use attachment if nec	essary)		
(If an eff the date Note: If the docu	fective date is listed, th of filing.) f the date inserted in thi	e date must be specific an is block does not meet the in the Department of State'	: September 22, 2016 . (OPTIONAL) d cannot be more than five business days prior to or 90 d applicable statutory filing requirements, this date will not be records.	·
				_
	REOUIRED SIGNA	TURE:		
	This d I am a	locument is executed in ac ware that any false informa	r an authorized representative of a member. scordance 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.	
		11 C D		
		Joseph C. Dorn	or printed name of signee	
		1 ypec	tor printed name or signee	

Page 2 of 2

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)