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T HENDERSON SEP 2 8 2016



COVER LETTER

TO: Registration Section — Division of Corporations
SUBJECT: RANDAIL P. WEYRICH, MD 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:
RANDAIL P. WEYRICH, MD Name of Person
RANDALL P. WEYRICH, MD LLC Firm/Company
6602 SEASIRU WAY
Apollo BEACH, FL 33572 City/State and Zip Code
rweyrich @ AoL, com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Readall P. Weyrich at 304, 639.3437 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)}

Mailing Address

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

Street Adaress

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

(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:

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:

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 ! 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

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	RANDAIL P. WEVRICH, MD
THOIC	6602 SEADIRG WAY
	Apollo BEACH, F1 33576
AMBR	DONNA G. COKLEY
	Apollo Beach, FL 33570
	- v

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 Use attachment if necessary) EV: Effective date, if other than the date of ective date is listed, the date must be specified. 	f filing: <u>D9/19/2016</u> . (OPTIONAL)
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ARTICLE IV-