

L16000180756

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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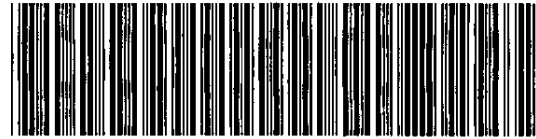
(Business Entity Name)

(Document Number)

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T HENDERSON

SEP 28 2016

SEP 19 2016
TALLAHASSEE, FLORIDA

16 SEP 19 AM 8:39

SEP 19 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: RANDALL 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:

RANDALL P. WEYRICH, MD
Name of Person

RANDALL P. WEYRICH, MD LLC
Firm/Company

6602 SEABIRD WAY
Address

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:

RANDALL P. WEYRICH at 304, 639-3427
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
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

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

AMBR

Name and Address:

RANDALL P. WEYRICH, MD
6602 SEABIRD WAY
APOLLO BEACH, FL 33570

DONNA L. CORLEY
6602 SEABIRD WAY
APOLLO BEACH, FL 33570

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 09/19/2016 (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:

Randall P. Weyrich MD

Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

RANDALL P. WEYRICH, MD

Typed or printed name of signee

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)