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_____
(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

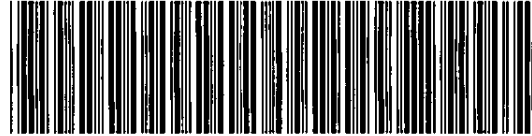☐ PICK-UP   ☐ WAIT   ☐ MAIL

_____
(Business Entity Name)

_____
(Document Number)

Certified Copies _____   Certificates of Status _____

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Office Use Only

N. SAMS

OCT 03 2016

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: *FLORIDA MEDICAL GERIATRIC GROUP*
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:

VORBES AHEGER
Name of Person

FLORIDA MEDICAL GERIATRIC GROUP
Firm/Company

2220 COUNTY ROAD 210 W
Address

JACKSONVILLE, FL 32259
City/State and Zip Code

a.vorbes@GMail, COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VORBES AHEGER at (*904*) *401-1897*
Name of Person   Area Code   Daytime Telephone Number

Enclosed is a check for the following amount:

☐ $125.00 Filing Fee   ☐ $130.00 Filing Fee &   ☑ $155.00 Filing Fee &   ☐ $160.00 Filing Fee,
                              Certificate of Status   Certified Copy   Certificate of Status &
                                                          (additional copy is enclosed)   Certified Copy
                                                                                          (additional copy is enclosed)

Mailing Address   **Street Address**
New Filing Section   New Filing Section
Division of Corporations   Division of Corporations
P.O. Box 6327   Clifton Building
Tallahassee, FL 32314   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:

FLORIDA MEDICAL GERIATRIC GROUP 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:
2220 County Road 210 W	_2220 County Road 210 W_
Jacksonville	_Jacksonville, FL 32259_
_FL 32259_	

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:

Carla F Acevedo

Name

8910 Ivey Rd

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

Jacksonville   FL   32210

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..

[signature]

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:
"AMBR" = Authorized Member
"MGR" = Manager

AMBR

MGR

MGR

Name and Address:

VORBES ALEGER
181 ST JOHNS FOREST BLVD
JACKSONVILLE, FL 32259

CHARY ALEGER
10025 Gate PKWY North #102
JACKSONVILLE, FL 32246

RHODE L. JEAN-ALEGER
181 ST. JOHNS FOREST BLVD
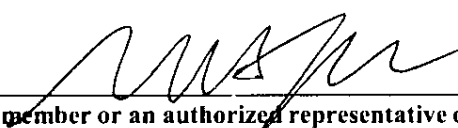*JACKSONVILLE, FL 32259*

(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]
_____
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.

VORBES ALEGER
_____
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)

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