

L16000209422

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

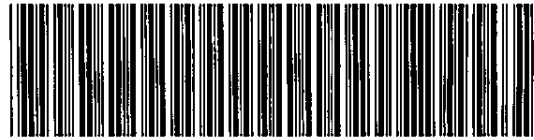
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Florida Urology Specialists 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:

DeeAnn Garey-Roy

\_\_\_\_\_  
Name of Person

Florida Urology Specialists LLC

\_\_\_\_\_  
Firm/Company

1 S. School Ave, Suite 200

\_\_\_\_\_  
Address

Sarasota, FL 34237

\_\_\_\_\_  
City/State and Zip Code

dgareyroy@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DeeAnn Garey-Roy

941

445-0519

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

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CLERK  
TALLAHASSEE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Florida Urology Specialists 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:**

1 S SCHOOL AVE

SUITE 200

SARASOTA FL 34237

**Mailing Address:**

1 S SCHOOL AVE

SUITE 200

SARASOTA FL 34237

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:

DeeAnn Garey-Roy

Name

1 S School Ave, Suite 200

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

Sarasota

FL

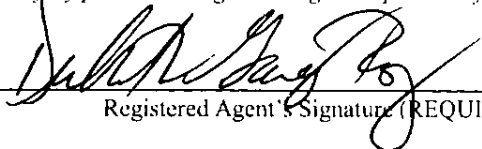
34237

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)

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OFFICE  
TALLAHASSEE, FLORIDA

**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

**Name and Address:**

WILLIAM J. TINGLE MD

1 S SCHOOL AVE, STE 200

SARASOTA, FL 34237

AMBR

THOMAS H. WILLIAMS MD

1 S SCHOOL AVE, STE 200

SARASOTA, FL 34237

AMBR

A. JOSEPH BILIK MD

1 S SCHOOL AVE, STE 200

SARASOTA, FL 34237

AMBR

TRACY B. GAPIN MD

1 S SCHOOL AVE, STE 200

SARASOTA, FL 34237

(Use attachment if necessary)

*See Attached for additional member*

**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:**

*William J. Tingle*

**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.

William J. Tingle, 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)

Article IV Cont

Title

AMBR

Name and Address:

MATTHEW J. PERRY MD  
1 S SCHOOL AVE , STE 200  
SARASOTA, FL 34237

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