

Nov. 16. 2016 11/16/2016

1160002825213

No. 1227

P. 1/3

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H16000282521 3)))



H160002825213ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : DAVID E HIGHTOWER
Account Number : I20060000090
Phone : (850)549-3812
Fax Number : (850)607-2663

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: mjswanson19@gmail.com

**FLORIDA LIMITED LIABILITY CO.
Emerald Coast Family Physicians, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

16 NOV 16 PM 12:17

(((H16000282521 3)))

**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name

The name of the Limited Liability Company is Emerald Coast Family Physicians, LLC.

ARTICLE II - Address

The principal office and mailing address of the Limited Liability Company is:

4785 N. 9th Avenue
Pensacola, Florida 32503

ARTICLE III - Duration

The period of duration of the Limited Liability Company shall be perpetual.

ARTICLE IV - Management

The Limited Liability Company is to be managed by one or more managers in accordance with the company's operating agreement.

ARTICLE V - Registered Agent

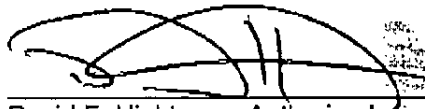
The name and street address of the initial registered agent of the Limited Liability Company are:

Hightower Law Firm
119 North Palafox Street
Pensacola, Florida 32502

ARTICLE VII - Effective Date

Pursuant to section 605.0207, Florida Statutes, the effective date for the beginning existence of the limited liability company shall be November 16, 2016.

11/16/16
Dated


David E. Hightower, Authorized
Representative of a Member

16 NOV 16 PM 12:17

(((H16000282521 3)))

(((H16000282521 3)))

REGISTERED AGENT ACCEPTANCE

Having been named as registered agent and to accept service of process for the above stated limited liability company at the address designated in this certificate pursuant to the provisions of section 805.0113, Florida Statutes, 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.

HIGHTOWER LAW FIRM

11/16/16
Dated _____By: 
David E. Hightower

(((H16000282521 3)))

16 NOV 16 PM 12:17