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## Timothy M. Dunlevy, M.D. Timothy M. Dunlevy, M.D., PLLC 7 Juniper Amelia Island, FL 32034

June 15, 2017

Secretary of State Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Timothy M. Dunlevy, M.D., PLLC

Dear Sir or Madam:

Enclosed please find the original and one copy of Articles of Organization, together with a check in the amount of \$155.00. This represents the cost of the Filing Fees, Certified Copy of Articles of Organization and Fee for Registered Agent Designation for the above-named organization.

Very truly yours,

Timothy M. Dunlevy, M.D.

Timothy M. Dunlevy, M.D., PLLC

**Enclosures** 

check stapled here

#### **ARTICLES OF ORGANIZATION**

cf

#### TIMOTHY M. DUNLEVY, M.D., PLLC

The undersigned subscriber to these Articles of Organization, a natural person competent to contract, hereby forms a limited liability company under the laws of the State of Florida.

#### **ARTICLE I - ORGANIZATION NAME**

The name of the organization is Timothy M. Dunlevy, M.D., PLLC.

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#### **ARTICLE II - DURATION**

The limited liability company shall exist perpetually unless dissolved according to Florida law.

#### **ARTICLE III - PURPOSE**

The limited liability company is organized for the purpose of engaging in the licensed practice of medicine by those licensed as medical doctors in the State of Florida.

#### ARTICLE IV - ORGANIZATION OFFICE

The organization's principal office address shall be as follows:

7 Juniper Amelia Island, FL 32034

The organization's mailing address shall be as follows:

7 Juniper Amelia Island, FL 32034

### ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the Initial Registered Office and Agent of this Organization is:

Timothy M. Dunlevy, M.D. 7 Juniper Amelia Island, FL 32034

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.

Timothy M. Dunlevy, M.D., Registered Agent

#### **ARTICLE VI - MANAGERS**

This organization shall have one (1) manager initially. The number of managers may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The name and address of the initial manager of the organization is as follows:

Timothy M. Dunlevy, M.D. 7 Juniper Amelia Island, FL 32034

#### **ARTICLE VII - SIGNER**

The name and address of the person signing these Articles of Organization is as follows:

Timothy M. Dunlevy, M.D. 7 Juniper Amelia Island, FL 32034

#### **ARTICLE VIII - MANAGEMENT**

The Limited Liability Company is to be managed by one or more managers who are also members and is, therefore, a member – managed company.

IN WITHESS WHEREOF, the undersigned subscriber has	executed	these	
Articles of Organization this 14 day of June, 2017	<u> 18</u>	<b>A</b>	
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Timothy M. Dunlevy, M.D.		N 22	7
STATE OF FLORIDA	<b>三</b> 第	<u>.</u>	
COUNTY OF PINELLAS		39	

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Timothy M. Dunlevy, M.D., known to me to be the person who executed the foregoing Articles of Organization, or who presented FL. D. Liense as identification, and who acknowledged before me that he executed these Articles of Organization.

IN WITNESS WHEREOF, I have hereunto affixed my hand and seal, in the State and County aforesaid, this <u>i 4</u> day of June, 2017.

TRACEY SAMANTHA CHECHELE
Notary Public - State of Florida
Commission # GG 001015
My Comm. Expires Aug 5, 2020
Bonded through National Notary Assn.

Notary Public, State of Florida at Large My Commission Expires: