

U7000160904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

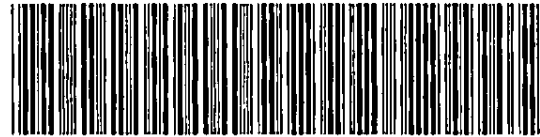
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/21/17--01004--023 **125.00

17 JUL 27 PM 12:04
TALAMASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Physician's Managed Services, 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:

Latricia Johns

Name of Person

Physician's Managed Services

Firm/Company

PO Box 340147

Address

Tampa, FL 33694

City/State and Zip Code

johns4719@hotmail.com

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

For further information concerning this matter, please call:

Zachary Johns

813

5626318

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 20, 2017

LATRICIA JOHNS 2ND MAILING
PO BOX 340147
TAMPA, FL 33694

SUBJECT: PHYSICIAN'S MANAGED SERVICES, LLC
Ref. Number: W17000023999

We have received your document for PHYSICIAN'S MANAGED SERVICES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document please call (850) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 817A0000535

RECEIVED
17 JUL 27 AM 11:00
DIVISION OF CORPORATIONS
DIVISION OF COMMERCIAL
INFORMATION SERVICES

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Physician's Managed Services, LLC

(Must contain 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:

4719 Bullock Ct
Suite A #340147
Tampa, FL 33621 33694

Mailing Address:

PO Box 340147
Tampa, FL 33694

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:

ZACHARY Johns
Name

14910 North Dale Mabry Hwy, # 340147
Florida street address (P.O. Box NOT acceptable)

Tampa FL 33694
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.

Zachary Johns
Registered Agent's Signature (REQUIRED)

(CONTINUED)

17 JUL 27 PM 12:04
S. J. H. H.
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:

Latricia Johns

4719 Bullock Ct

Tampa, FL 33624

MGR

Zachary Johns

4719 Bullock CT

Tampa, FL 33624

AMBR

Malkom Johns

4719 Bullock Ct

Tampa, FL 33624

(Use attachment if necessary)

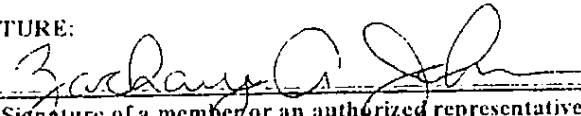
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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 of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0293 (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.

Zachary Johns

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)