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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

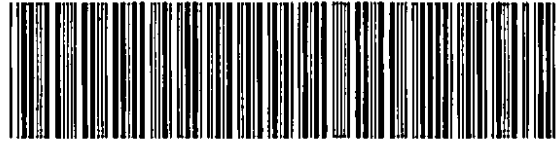
(Business Entity Name)

(Document Number)

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

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18 APR -4 PM 2:26  
TALAMASSEL, PL

D O'KEEFE  
APR 09 2018

COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Metro Infusion Center, PLLC  
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:

Neil Stanton

Name of Person

Innovative Ventures

Firm/Company

901 McClintock Drive, Suite 203

Address

Burr Ridge, Illinois 60527

City/State and Zip Code

nstanton@innovativeventures.com

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

For further information concerning this matter, please call:

Joseph Beer

847

772-2337

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

18 APR -1, PM 2:24  
TALLAHASSEE, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

METRO INFUSION CENTER, PLLC

(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:

13241 Bartram Park Blvd

Suite 413

Jacksonville, Florida 32256

Mailing Address:

901 McClintock Drive

Suite 203

Burr Ridge, Illinois 60527

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:

NRAI Services, Inc.

Name

1200 South Pine Island Road

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

Plantation

Florida

33324

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.*

**Brian Mueller**

**Assistant Secretary**

Brian Mueller

Registered Agent's Signature (REQUIRED)

(CONTINUED)

SECRET  
TALLAHASSEE, FLORIDA

10 APR -4, PM 2:24

FILED

**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:**

Russell M. Petrak

901 McClintock Drive, Suite 203

Burr Ridge, IL 60527

MGR

David Hines

901 McClintock Drive, Suite 203

Burr Ridge, IL 60527

MGR

Robert Fliegelman

901 McClintock Drive, Suite 203

Burr Ridge, IL 60527

(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.

Purpose: Practice of medicine and delivery of healthcare services

**REQUIRED 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.

Russell M. Petrak

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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TALLAHASSEE, FL