

L18000152670

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

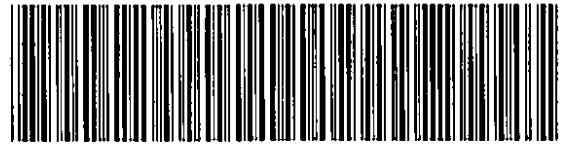
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. PAGE  
JUN 22 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 13, 2018

MICHELLE D HOWEY  
10152 LANCASHIRE DRIVE  
JACKSONVILLE, FL 32219

SUBJECT: MICHELES PATIENTADVOCATE SERVICES LLC  
Ref. Number: W18000054965

We have received your document for MICHELES PATIENTADVOCATE SERVICES LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

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.

Keyna E Page  
Regulatory Specialist II

Letter Number: 118A00012281

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COMMERCIAL  
SERVICES

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Michelle's Patient Advocate Services  
Name of Limited Liability Company LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Michelle D. Howey

Name of Person

Michelle's Patient Advocate Services

Firm/Company

10152 Lancashire Drive

Address

Jacksonville, Florida 32219

City/State and Zip Code

michelle.howey.mh@gmail.com

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

For further information concerning this matter, please call:

Michelle D. Howey 904 993-4180

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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Michelle's Patient Advocate Services 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: Mailing Address:  
10152 Lancashire Drive, Jacksonville, Florida 32219 10152 Lancashire Drive  
Jacksonville, Florida 32219 Jacksonville, Florida 32219

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

Michelle D. Howey  
 Name  
10152 Lancashire Drive  
 Florida street address (P.O. Box NOT acceptable)  
Jacksonville, Florida 32219  
 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.

Michelle D. Howey  
 Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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FOR  
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**ARTICLE IV:**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMER" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

Michelle D. Howey  
10152 Lancashire Drive  
JACKSONVILLE, Florida 32219

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: June 26, 2018 (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:**

Michelle D. Howey

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 s817.155, F.S.

Michelle D. Howey

Typed or printed name of signer

**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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA