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SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 JUN 22 AM 9:31
TALLAHASSEE, FLORIDA

RK
6/22/18

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Adcock & Winter Partnership, LLP

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:

Michele Adcock

Name of Person

Florida Vascular Consultants, PA

Firm/Company

400 S Maitland Ave

Address

Maitland FL 32751

City/State and Zip Code

fvc Michele@cfl.rr.com

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

For further information concerning this matter, please call:

Michele Adcock

407

383-4132

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Adcock and Winter Partnership LLP

(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:

400 S Maitland Ave

Maitland FL 32751

Mailing Address:

400 S Maitland Ave

Maitland FL 32751

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:

G. Kendrix Adcock, MD

Name

400 S Maitland Ave

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

Maitland

FL

32751

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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Robert P Winter, MD

400 S Maitland Ave

Maitland FL 32751

MGR

Michele Adcock

400 S Maitland Ave

Maitland FL 32751

(Use attachment if necessary)

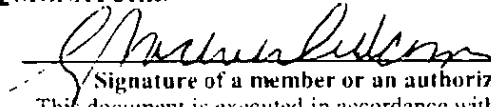
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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 605.0203 (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.

G Michele Adcock

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
18 JUN 22 AM 9:31
DIVISION OF CORPORATION



Florida Vascular Consultants, P. A.

Vascular and General Surgery

G. Kendrix Adcock, M.D., F.A.C.S.
Robert P. Winter, M.D., F.A.C.S.

400 South Maitland Avenue
Maitland, Florida 32751
Telephone 407-539-2100
Fax 407-539-1472

6-18-18

To Whom It May Concern:

This LLP was registered at one time. The LLP number at that time LLO030000017 was also registered as Adcock and Winter Partnership LLP.

Since I was not able to find a registration using that number, I am filing as a new LLP.

Sincerely,


Michele Adcock

FILED
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