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TALLAHASSEE, FLORIDA

PG

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Ultrasound Educational Solutions, 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:

Soren Brockdorf, CPA MBA

Name of Person

Brockdorf, Melchar & Bowie PA

Firm/Company

2627 N W43rd Street, STE 301

Address

Gainesville, FL 32606

City/State and Zip Code

pegehring@gmail.com

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

For further information concerning this matter, please call:

Soren Brockdorf

352

377-2900

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)

USPS Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FedEx Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Mail this signed form with a check for \$130 made out to Division of Corporations.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Ultrasound Educational Solutions, 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:

Mailing Address:

4538 Ortega Forest Dr., Jacksonville, FL 32210

4538 Ortega Forest Dr., Jacksonville, FL 32210

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:

Brockdorf, Melchar & Bowie PA

Name

2627 NW 43rd Street, STE 301

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

Gainesville, FL 32606

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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STATE OF FLORIDA
SECRETARY OF STATE

ARTICLE IV-

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

Title:

Name and Address:

Manager

Petra Duran-Gehring
4538 Ortega Forest Dr., Jacksonville, FL 32210

(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.

Physician owned business allowed to engage in any and all legal businesses.

REQUIRED SIGNATURE:



SIGN HERE

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.

Petra Duran-Gehring

Typed or printed name of signee

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