Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 Phone : (855) 498-5500 Fax Number : (800) 432-3622

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

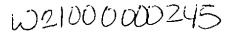
FLORIDA LIMITED LIABILITY CO. MARTIN BIONICS CLINICAL CARE FT. MYERS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

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Help



COVER LETTER

TO:	New Filing Sec Division of Cor				
SUBJEC		ionics Clinical Care Ft. My	ers, LLC		
SUDJEC		Name of Lin	iited Liabil	ity Company	
The encl	osed Articles of	Organization and fec(s) are	submitted	for filing.	
Please ro	cturn all correspo	ondence concerning this ma	tter to the f	following:	
	Evan D. Cha	umbers			
			Name of	Person	
	Hartzog Con	ger Cason			
			Firm/Co	mpany	
	201 Robert S	S. Kerr Ave., Suite 1600			
			Addr	ess	
	Oklahoma C	ity, OK 73102			
			ity/State an	d Zip Code	
		nartzoglaw.com			
		E-mail address: (to be used		innual report notificati	Oil)
or furthe	r information co	ncerning this matter, please	: call:		
	Evan Chamb	ers 40)5	235-7000	
	Nam		rea Code	Daytime Telephon	e Number
Englaces	d ia a abaale for t	ha fallowing amount			
		he following amount:		600 PW P 4	CONTRACTOR OF THE PROPERTY OF
⊔\$125.	00 Filing Fee	■\$130.00 Filing Fee & Certificate of Status	Certifi	5.00 Filing Fee & led Copy al copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>Mailin</u>	g Address		Street Address	
		iling Section		New Filing Section Di	
		on of Corporations ox 6327		The Centre of Tallaha 2415 N. Monroe Street	
		assee, FL 32314		Tallahassee, FL 3230	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liabili				
	nical Care Ft. Myers, LLC rain the words "Limited Lia		v "I I C " or "I I C ")	
(Musi con	Mill die words Diffilled Cit	aomiy Company	y, L.L.C., of LLC.	
ARTICLE II - Address:				
The mailing address and street a	ddress of the principal offi	ce of the Limite	d Liability Company is:	**2
Princip	al Office Address:		Malling Address	- : .
214 E Main Street		21	4 E Main Street	
Oklahoma City, OK	73104	Ol	dahoma City, OK 73104	
ARTICLE III - Registered Ag (The Limited Liability Company another business entity with an The name and the Florida street	cannot serve as its own R active Florida registration.	egistered Agent)		dual or
	CAPITOL CORPORA	TE SERVICES	, INC.	
	1	Name		
	515 EAST PARK AVI	E., 2ND FL.		
	Florida street address (P.O. Box NOT	acceptable)	
	TALLAHASSEE	FL	32301	

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.

State

Zip

City

Kim Tadlock, Asst. Sec. on behalf of Capitol Corporate Services, Inc.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Fitle: 'AMBR" = Authorizo	i Member	Name and Address:
MGR" = Manager		
MGR	_	Jay Martin
		214 E Main Street Oklahoma City, OK, 73104
		Statement City, Old 1919
		•
	_	
<u> </u>		
V: Effective date, if	other than the date	of filing: (OPTIONAL)
V: Effective date, if tive date is listed, the filing.) he date inserted in the ent's effective date of	other than the date e date must be sp is block does not r in the Department	scific and cannot be more than five business days prior to or 90 meet the applicable statutory filing requirements, this date will no
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)