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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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PICK-UP

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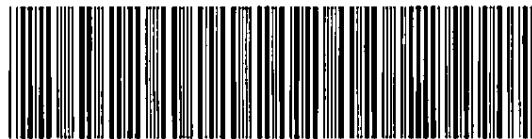
(Business Entity Name)

(Document Number)

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

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## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

PHYSICIAN MANAGMENT

SERVICES OF WEST VIRGINIA II, LLC

Signature \_\_\_\_\_  
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Requested by:

Name \_\_\_\_\_

Date \_\_\_\_\_

Time \_\_\_\_\_

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

\_\_\_\_ Art of Inc. File \_\_\_\_\_  
\_\_\_\_ LTD Partnership File \_\_\_\_\_  
\_\_\_\_ Foreign Corp. File \_\_\_\_\_  
\_\_\_\_ L.C. File \_\_\_\_\_  
\_\_\_\_ Fictitious Name File \_\_\_\_\_  
\_\_\_\_ Trade/Service Mark \_\_\_\_\_  
\_\_\_\_ Merger File \_\_\_\_\_  
\_\_\_\_ Art. of Amend. File \_\_\_\_\_  
\_\_\_\_ RA Resignation \_\_\_\_\_  
\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_  
\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_  
\_\_\_\_ Cert. Copy \_\_\_\_\_  
\_\_\_\_ Photo Copy \_\_\_\_\_  
\_\_\_\_ Certificate of Good Standing \_\_\_\_\_  
\_\_\_\_ Certificate of Status \_\_\_\_\_  
\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_  
\_\_\_\_ Corp Record Search \_\_\_\_\_  
\_\_\_\_ Officer Search \_\_\_\_\_  
\_\_\_\_ Fictitious Search \_\_\_\_\_  
\_\_\_\_ Fictitious Owner Search \_\_\_\_\_  
\_\_\_\_ Vehicle Search \_\_\_\_\_  
\_\_\_\_ Driving Record \_\_\_\_\_  
\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_  
\_\_\_\_ UCC 11 Search \_\_\_\_\_  
\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_  
\_\_\_\_ Courier \_\_\_\_\_

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TALLAHASSEE, FL

**ARTICLES OF ORGANIZATION  
OF**

**PHYSICIAN MANAGEMENT SERVICES OF WEST VIRGINIA II, LLC**

The undersigned, acting as the organizer and authorized representative of **PHYSICIAN MANAGEMENT SERVICES OF WEST VIRGINIA II, LLC**, under the Florida Revised Limited Liability Company Act, Chapter 605, Fla. Stat., adopts the following Articles of Organization:

**ARTICLE I – Name:**

The name of the limited liability company is: **PHYSICIAN MANAGEMENT SERVICES OF WEST VIRGINIA II, LLC** (the “Company”).

**ARTICLE II – Address:**

The mailing address and street address of the principal office of the limited liability company is: 3113 Lawton Road, Suite 250, Orlando, FL 32803.

**ARTICLE III – Duration:**

The period of duration for the Company shall be perpetual, unless dissolved in accordance with the terms of the operating agreement of the Company in effect from time to time (the “Operating Agreement”).

**ARTICLE IV – Management:**

The Company is to be managed by managers. The managers shall be elected in the manner prescribed by the Operating Agreement.

**ARTICLE V – Admission of Members:**

The Company shall admit members only in the manner prescribed by the Operating Agreement.

**ARTICLE VI – Adoption of Operating Agreement:**

The Company shall adopt an Operating Agreement, which may contain any provisions for the regulation and management of the affairs of the Company not inconsistent with these Articles of Organization or Chapter 605, Fla. Stat.

#### **ARTICLE VII – Initial Registered Agent and Office:**

The initial registered agent for the Company is: Your Capital Connection, Inc., and the street address of the Company's initial registered office is: 417 E. Virginia St., Suite 1, Tallahassee, FL 32301.

#### **ARTICLE VIII – Amendments:**

The Company reserves the right to amend any provision of these Articles of Organization, which amendment shall only be effectuated in the manner prescribed by the Operating Agreement.

#### **ARTICLE IX – Indemnification:**

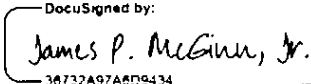
Each individual or entity who is or was a member or manager of the Company (and the heirs, executor, personal representatives, administrators, successors, and assigns of such individual or entity) who was, or is, made a party to, or is involved in any threatened, pending, or completed action, suit, or proceeding, whether civil, criminal, administrative, or investigative, by reason of the fact that such person is or was a member or manager of the Company (each, an "Indemnatee"), shall be indemnified and held harmless by the Company to the fullest extent permitted by applicable law, as the same exists or may hereafter be amended. In addition to the indemnification conferred in this Article, each Indemnatee shall also be entitled to have paid directly by the Company the expenses reasonably incurred in defending any such proceeding against such Indemnatee in advance of its final disposition, to the fullest extent authorized by applicable law, as the same exists or may hereafter be amended. The rights and authority conferred in this Article shall not be exclusive of any other right which any person may have or hereafter acquire under any statute, or under any provision of these Articles of Organization, the Operating Agreement, or any other agreement, vote of members, or otherwise. Any repeal or amendment of this Article shall not adversely affect any right or protection of a member, manager, or officer existing at the time of such repeal or amendment.

#### **ARTICLE X – Continuation of Business:**

Unless dissolved in accordance with the Operating Agreement, the remaining members shall continue the business of the Company, which shall not be dissolved, upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member.

*[Remainder of Page Intentionally Blank. Signature Page Follows.]*

**IN WITNESS WHEREOF**, the undersigned Authorized Representative has executed these Articles of Organization to be effective on the date of their filing with the Florida Secretary of State.

By:  James P. McGinn, Jr.  
James P. McGinn Jr., its Authorized Representative

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES, THE LIMITED LIABILITY COMPANY IDENTIFIED BELOW SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: PHYSICIAN MANAGEMENT SERVICES OF WEST VIRGINIA II, LLC.
2. The name and address of the registered agent and office is:

Your Capital Connection, Inc.  
417 E. Virginia St.  
Suite 1  
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.

**YOUR CAPITAL CONNECTION, INC.**

By: \_\_\_\_\_

Print Name: Seth Nesley

Authorized Representative of Your Capital Connection Inc.

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