

L 21000310698

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

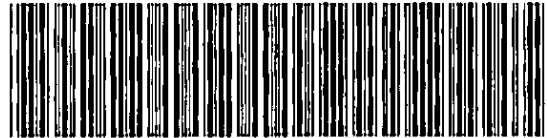
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100369369781

07 JUL 21 10:10:11 +10777

21 JUL -6 PM 6:14
SECRETARY
TALLAHASSEE, FL

FILED



John T. Driscoll, P.A.

Certified Public Accountant \ MBA

825 SE 3rd Ave, Suite 200
Ocala, FL 34471
Member AICPA, FICPA

Telephone (352) 622-5664

Fax (352) 671-5373

E-mail: john@ocalaaccounting.com

June 22, 2021

Secretary of State
Division of Corporations
PO Box 6327
Tallahassee, Florida 32314

To Whom It May Concern:

Enclosed please find original and one (1) copy of the Article of Organization for

MATTHEW LOUGHLIN MD, LLC

I have enclosed a check in the amount of \$125.00 to cover the costs as follows:

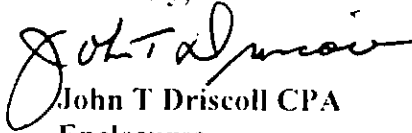
Article of Organization filing fee	<u>\$ 125.00</u>
Total	\$ 125.00

Please forward a stamped copy of the Article of Organization to the below address:

John T. Driscoll C.P.A., P.A.
825 SE 3rd Ave, Suite 200
Ocala, Florida 34471

Thank you in advance for your kind and prompt attention to this matter, and if you should have any questions, please call me at (352) 622-5664.

Sincerely,


John T Driscoll CPA
Enclosures

21 JUL -6 PM 3:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

**ARTICLES OF ORGANIZATION
FOR
MATTHEW LOUGHLIN MD, LLC**

The undersigned subscriber(s) to these Articles of Organization, each a natural person competent to contract, hereby associate themselves together to form a limited liability company under the Laws of the State of Florida.

ARTICLE I. - NAME

The name of this limited liability company is:

MATTHEW LOUGHLIN MD, LLC

ARTICLE II. - MAILING ADDRESS

The mailing address and the principal office address are the same.

**5147 GROVE MANOR
LADY LAKE, FL 32159**

ARTICLE III. - REGISTERED AGENT

**MATTHEW W. LOUGHLIN MD
5147 GROVE MANOR
LADY LAKE, FL 32159**

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.

Signature


MATTHEW W. LOUGHLIN MD

Registered Agent

Date

6/29/21

21 JUL -6 PM 6:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLE IV. - AUTHORIZED MEMBER (AMBR)

**MATTHEW W LOUGHLIN MD
5147 GROVE MANOR
LADY LAKE, FL 32159**

ARTICLE V. - TERMS OF EXISTENCE

This Limited Liability Company is to exist perpetually. The effective date of this Limited Liability Company shall be JULY 01, 2021

Signature

Matthew W. Loughlin MD

**MATTHEW W. LOUGHLIN MD
AMBR**

Date

6/29/21

FILED
21 JUL -6 PM 6:14
SECRETARY OF STATE
TALLAHASSEE, FL 32399