

1/19/22, 1:44 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000024923 3)))



H22000024923ABCY

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
 Fax Number : (850)617-6381

From:

Account Name : BUSINESS FILINGS
 Account Number : 105256001620
 Phone : (608)827-5300
 Fax Number : (608)827-5501

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

Email Address: Bbeauchamp63@gmail.com

FLORIDA LIMITED LIABILITY CO.
Medicare Advisors of North Florida LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$155.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

FAX AUDIT # H22000024923-3

**ARTICLES OF ORGANIZATION
OF
Medicare Advisors of North Florida LLC**

ARTICLE I NAME

The name of the limited liability company is: Medicare Advisors of North Florida LLC

ARTICLE II ADDRESS

The principal place of business and mailing address of this Limited Liability Company shall be:
1515 Sawyers Ridge Cove, Cantonment, Florida 32533.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the registered agent are: Brandie Beauchamp, 1515 Sawyers Ridge Cove, Cantonment, Florida 32533. Located in the County of Escambia.

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:

Brandie Beauchamp
Brandie Beauchamp

Date: 1/19/22**ARTICLE IV MANAGERS/MEMBERS**

The management of the limited liability company is reserved for the members and the name and address of the member of the Limited Liability Company is:
Brandie Beauchamp, 1515 Sawyers Ridge Cove, Cantonment, Florida 32533

FAX AUDIT # H22000024923-3

2022 JAN 19 AM 10:50

FILED

FAX AUDIT # H22000024923 3

ARTICLE V DURATION

The duration for the limited liability company shall be: Perpetual.

Brandie Beauchamp
Brandie Beauchamp, Organizer

Date: 1/19/22

Authorized Representative

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

FILED
2022 JAN 19 AM 10:50
CLERK OF STATE
TALLAHASSEE, FL 32399

FAX AUDIT # H22000024923 3