

7/15/22, 4:58 PM

Division of Corporations

Florida Department of State  
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To:

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

From:

Account Name : BAKER & HOSTETLER LLP  
 Account Number : I19990000077  
 Phone : (407)649-4016  
 Fax Number : (407)841-0168

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

Email Address: chase.fawsett@gmail.com

## FLORIDA LIMITED LIABILITY CO.

Charles Fawsett, M.D., PLLC

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July 21, 2022

BAKER &amp; HOSTETLER LLP

SUBJECT: CHARLES FAWSETT, M.D., PLLC  
REF: W22000095429

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The specific purpose of the entity must be set forth in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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7/26/2022

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your request. If  
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Keep original  
filing date of

7/15/22

Thank you!

## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: Charles Fawsett, M.D., PLLC  
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:

Charles Fawsett, M.D.

Name of Person

Baker Hostetler LLP

Firm/Company

200 S. Orange Avenue, Suite 2300

Address

Orlando, Florida 32801

City/State and Zip Code

chase.fawsett@gmail.com

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

For further information concerning this matter, please call:

David L. Schick

407

649-4084

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)

Mailing Address

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

Street Address

New Filing Section Division  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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CORPORATIONS

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Charles Fawcett, M.D., PLLC

(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:9412 Thurloe PlaceOrlando, Florida 32837Mailing Address:9412 Thurloe PlaceOrlando, Florida 32837

## ARTICLE III - Registered Agent, Registered Office, &amp; 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:

Charles Fawcett, M.D.

Name

9412 Thurloe PlaceFlorida street address (P.O. Box **NOT** acceptable)Orlando

City

Florida

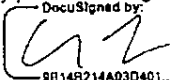
State

32837

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.

DocuSigned by:



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Registered Agent's Signature (REQUIRED)

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

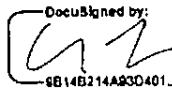
**Name and Address:**MGRCharles Fawsett, M.D.9412 Thurloe PlaceOrlando, Florida 32837\_

(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.See attached.....**REQUIRED SIGNATURE:**

DocuSigned by:  
  
 SB14B214A93D401...

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.

Charles Fawsett, M.D.

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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**ARTICLE VI:** Other provisions, if any.

The purpose and scope of the Company (whether directly or through its ownership of any other entity) is to: engage in every phase and aspect of the business of the delivery of professional emergency medical services; to do anything necessary or incidental to the foregoing; and to perform any other acts in connection therewith for which limited liability companies may be organized under the Act.

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