L22000521848

H22000417972 3

# 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.

(((H22000417972 3)))

H220004179723ABC1

**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 : HAND ARENDALL HARRISON SALE LLC
Account Number : I20190000128
Phone : (850)769-3434
Fax Number : (850)769-6121

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

Email Address: mpmurphy89@yahoo.c

## FLORIDA LIMITED LIABILITY CO.
### Emerald Coast Medical Transport Services, LLC

| | |
|---|---|
| Certificate of Status | 0 |
| Certified Copy | 0 |
| Page Count | 04 |
| Estimated Charge | $125.00 |

2022 DEC 13 AM 8:19

22 DEC 13 PM 12:35

Electronic Filing Menu Corporate Filing Menu Help

# COVER LETTER

TO: **New Filing Section**
**Division of Corporations**

SUBJECT: Emerald Coast Medical Transport Services, LLC
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:

William Q Platt IV, Esq.
Name of Person

Hand Arendall Harrison Sale
Firm/Company

304 Magnolia Avenue
Address

Panama City, FL 32401
City/State and Zip Code

mpmurphy89@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Stephanie Slack at (850) 769-3434
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)

22 DEC 13 PM 12:35

**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

H22000417972 3

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**
The name of the Limited Liability Company is:

Emerald Coast Medical Transport Services, LLC
(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: | Mailing Address: |
|---|---|
| 1817 White Western Lake Lane | 1817 White Western Lake Lane |
| Southport, FL 32409 | Southport, FL 32409 |

**ARTICLE III - Registered Agent, Registered Office, & 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:

Michael Murphy
Name

1817 White Western Lake Lane
Florida street address (P.O. Box NOT acceptable)

Southport FL 32409
City State 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.*

Registered Agent's Signature (REQUIRED)

(CONTINUED)

22 DEC 13 PM 12:35

H22000417972 3

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

| Title: | Name and Address: |
|---|---|
| "AMBR" = Authorized Member<br>"MGR" = Manager | |
| AMBR | Michael Murphy<br>1817 White Western Lake Lane<br>Southport, FL 32409 |
| AMBR | Tiffany Murphy<br>1817 White Western Lake Lane<br>Southport, FL 32409 |
| | |
| | |

(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.
Any and all lawful purposes.

**REQUIRED SIGNATURE:**

**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.

Michael Murphy
Typed or printed name of signer

22 DEC 13 PM 12:35

**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)**