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(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:





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· Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

incservo

ORDER FORM

TO: Florida Department of State

The Centre of Tallahassee

2415 North Monroe Street, Suite 810

Tallahassee, FL 32303

corphelp@dos.myflorida.com

850-245-6051

FROM : Melissa Moreau

mmoreau@incserv.com

850.656.7953

REQUEST DATE 12/7/2023

PRIORITY Regular Approval

OUR REF # (Order ID#) 1210552

ORDER ENTITY_____HUTCHINSON MED PLLC

DI FACE REDECRIM THE FOLLOWING CONTROLS.	-	• • • -	
PLEASE PERFORM THE FOLLOWING SERVICES:			
HUTCHINSON MED PLLC (FL)			

New LLC filing

NOTES:

\$125.00 Authorized

Email address for annual report reminders: filings@accumera.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Thursday, December 7, 2023 Page 1 of 1

Articles of Organization Of Hutchinson Med PLLC

(Pursuant to section 608.407, Florida Statutes)

- 1. The name of the Limited Liability Company is: **Hutchinson Med PLLC**
- 2. The street address of the principal office of the Limited Liability Company is:

16020 NW 100th Avenue Rd., Reddick, FL 32686

3. The mailing address of the Limited Liability Company is:

16020 NW 100th Avenue Rd., Reddick, FL 32686

4. The name and address of the registered agent is as follows:

Christina Hutchinson, 16020 NW 100th Avenue Rd., Reddick, FL 32686

- 5. The period of duration for the Limited Liability Company shall be perpetual.
- 6. The Limited Liability Company is to be managed by the **members**. The names and addresses of such **members** are as follows:

Christina Hutchinson, 16020 NW 100th Avenue Rd., Reddick, FL 32686

7. The purpose for which the company is formed:

The Professional Limited Liability Company will engage in the business of providing professional Mobile Medical Care.

In Witness Whereof, in accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Dated: December 7, 2023

Amerita

Holly Almeida Accumera LLC

Authorized Representative

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Acceptance of Appointment as Registered Agent of`

Hutchinson Med PLLC

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 am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S

Dated: December 6, 2023

Christina Hutchinson
Christina Hutchinson, Registered Agent