

L99000000631

TRANSMITTAL LETTER FOR FLORIDA LIMITED LIABILITY COMPANY

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Gull Point Medical LC
(Proposed limited liability company name - must include suffix)

800002764758--7
-02/04/99--01060--014
*****293.75 *****293.75

Enclosed is an original and one (1) copy.

Filing fee for articles of organization of Florida Limited Liability Company:

\$250.00 Filing fee for Articles of Organization and Affidavit
\$ 35.00 Designation of Registered Agent

A letter of acknowledgement will be issued free of charge upon filing. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy is \$52.50. Please send one check for the total amount made payable to the Florida Department of State.

FROM: Brian D. Gregory
Name (Printed or typed)
5130 Gull Point Rd
Address
Pensacola, FL 32504
City, State & Zip
850 477-5061
Daytime Telephone number

Name	Availability
Document Examiner	
Updater	
Later verifier	
Acknowledgement	
W. P. verifier	

50 FEB -4 PM 12:25

SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Gull Point Medical L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

5130 Gull Point Rd. ; Pensacola, FL 32504

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

Perpetual

ARTICLE IV - Management:

(check and complete the appropriate statement)

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:


SAME AS ABOVE - Brian Gregory

99 FEB -4 PM 12:25
SECRETARY OF STATE
DIVISION OF CORPORATIONS

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of _____
Gull Point Medical LC deposes and says:

- 1) the above named limited liability company has ^{one} ~~at least two~~ members
- 2) the total amount of cash contributed by the member(s) is \$ 10⁰⁰
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ 0.
A description of the property is attached and made a part hereto.
- 4) the amount of cash or property anticipated to be contributed by member(s) is \$ 0
- 5) the total amounts of 2, 3 and 4 is \$ 10⁰⁰



Signature of a member or authorized representative of a member.

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

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Gull Point Medical LC

2. The name and address of the registered agent and office is:

Brian D. Gregory
(NAME)

5130 Gull Point Rd.
(P. O. Box NOT ACCEPTABLE)

Pensacola FL 32504
(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.

Brian D. Gregory
(SIGNATURE)

2/4/99 4 Feb 1999
(DATE)

Filing Fee: \$ 35 for Designation of Registered Agent