

L 99000907402

CAPITOL SERVICES d/b/a
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)

1406 Hays Street, Suite 2

(Address)

Tallahassee, FL 32301 (904) 656-3992

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

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****125.00 ****125.00

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Bee Ridge Medical Associates, LLC
(Corporation Name) (Document #) W99-25098
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 10/1

☐ Certified Copy

☐ Mail out

☐ Will wait

☒ Photocopy 2

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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99 NOV -1 AM 11:04
99 NOV -1 PM 3:02
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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Examiner's Initials



Resubmit

FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

November 1, 1999

Please back date

CAPITOL SERVICES

SUBJECT: BEE RIDGE MEDICAL ASSOCIATES, LLC
Ref. Number: W99000025098

We have received your document for BEE RIDGE MEDICAL ASSOCIATES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Under the new law, starting October 1st 1999, we no longer file articles which contain or make reference to affidavits of contributions. Please use our form (attached) or delete the affidavit and reference to it.

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

If you have any questions concerning the filing of your document, please call (850) 487-6958.

Lee Rivers
Document Specialist

Letter Number: 199A00052243

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TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
OF

BEE RIDGE MEDICAL ASSOCIATES, LLC

The undersigned person, acting as the organizer of BEE RIDGE MEDICAL ASSOCIATES, LLC under the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, adopts the following Articles of Organization:

ARTICLE I - NAME

The name of this limited liability company is: BEE RIDGE MEDICAL ASSOCIATES, LLC.

ARTICLE II - COMMENCEMENT AND DURATION OF EXISTENCE

The existence of the company will commence on the date these Articles of Organization are filed with the Florida Department of State, and the existence of the company shall be perpetual.

ARTICLE III - PURPOSE

The company may transact any or all lawful business for which a limited liability company may be organized under the Florida Limited Liability Company Act.

ARTICLE IV - INITIAL REGISTERED AGENT AND OFFICE

The street address of the initial registered office of the company is 1818 Hawthorne Street, Sarasota, FL 34239, and the name

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TALLAHASSEE, FLORIDA

of the company's initial registered agent at that address is William R. Kennedy.

ARTICLE V - PLACE OF BUSINESS

The mailing address and the street address of the principal office of the company is 1818 Hawthorne Street, Sarasota, FL 34239.

ARTICLE VI - ADMISSION OF ADDITIONAL MEMBERS

The right of the members to admit additional members and the terms and conditions of the admissions shall be restricted solely to those members approved by the written consent of a majority in interest of the then-existing members and upon such terms and conditions as shall be set forth in its regulations.

ARTICLE VII - MANAGEMENT BY MEMBERS

The business of the company shall be managed by the members in proportion to their contributions to the capital of the company, as adjusted from time to time to properly reflect any additional contributions or withdrawals by the members, and the name and address of the initial managing member are:

William R. Kennedy
1818 Hawthorne Street
Sarasota, FL 34239

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ARTICLE VIII - REGULATIONS

The power to adopt, alter, amend, or repeal the regulations of the company is vested exclusively in the members of the company.

ARTICLE IX - ORGANIZER

The name and street address of the organizer executing these Articles of Organization is:

William R. Kennedy
1818 Hawthorne Street
Sarasota, FL 34239

ARTICLE X - MEMBERS RIGHTS TO CONTINUE BUSINESS

The company shall be dissolved upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the company; provided, however, that all remaining members may consent to the continuance of the company's business notwithstanding the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the company.

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ARTICLE XI - AMENDMENT OF ARTICLES OF ORGANIZATION

Any amendment to the Articles of Organization shall be approved by all the members and shall be as prescribed by the Secretary of State of the State of Florida.

DATED: October 28, 1999.

William R. Kennedy
WILLIAM R. KENNEDY
as organizer

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TALLAHASSEE FLORIDA

STATE OF FLORIDA
COUNTY OF SARASOTA:

WILLIAM R. KENNEDY, being duly sworn, deposes and says that he is the managing member of BEE RIDGE MEDICAL ASSOCIATES, LLC, the limited liability company named in and described in the foregoing instrument, that he has read the foregoing instrument and affirms under penalty of perjury that the facts stated therein are true.

William R. Kennedy
WILLIAM R. KENNEDY

SWORN TO BEFORE ME on 10-27-99, 1999, by WILLIAM R. KENNEDY, who is (Notary choose one) [☒] personally known to me, or [☐] has produced _____ as identification.

Cherie D. Aloisio
Signature of Notary Public
Print Name: CHERIE D. ALOISIO
My Commission expires:

Cherie D Aloisio
My Commission CC769585
Expires October 17, 2002

BEE RIDGE MEDICAL ASSOCIATES, LLC


ACCEPTANCE OF REGISTERED AGENT

Pursuant to Section 608.415, Florida Statutes, the following is submitted:

That BEE RIDGE MEDICAL ASSOCIATES, LLC, desiring to organize as a limited liability company under the laws of the State of Florida with its initial registered office, as indicated in its Articles of Organization, at 1818 Hawthorne Street, Sarasota, FL 34239, has named WILLIAM R. KENNEDY as its agent to accept service of process within the State of Florida.

Having been named to accept service of process for BEE RIDGE MEDICAL ASSOCIATES, LLC at the place designated in this document, the undersigned agrees to act in that capacity and to comply with the provisions of the Florida Limited Liability Company Act, as amended, relative to keeping open the registered office. The undersigned is familiar with, and accepts the obligations of, Section 608.415, Florida Statutes.

DATE: October 27, 1999.


WILLIAM R. KENNEDY

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