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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

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Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

W11-48745

A. LUNT

OCT 21 2011

EXAMINER

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2011 OCT 20 PM 3:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 21, 2011

JAMES BURNS III, ESQ  
1803 RIO GRANDE BLVD. NW SUITE B  
ALBUQUERQUE, NM 87104

SUBJECT: ACADEMY PHYSICIANS, LLC  
Ref. Number: W11000048745

We have received your document for ACADEMY PHYSICIANS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

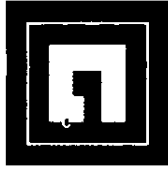
Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6094.

Agnes Lunt  
Regulatory Specialist II

Letter Number: 911A00021830



**ALBUQUERQUE  
BUSINESS LAW, P.C.**  
ATTORNEYS & COUNSELORS AT LAW

**DELIVERED VIA US MAIL**

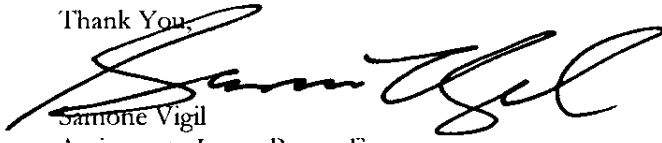
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

***RE: Academy Physicians, LLC***  
***Ref. Number: W11000048754***

To Whom It May Concern,

Enclosed you will find the executed Application by Foreign Limited Liability for Authorization to transact Business in Florida. If you have any questions or concerns please feel free to contact our office.

Thank You,

  
Samone Vigil  
Assistant to James Burns, Esq.

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Academy Physicians, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

James Burns III, Esq.

Name of Person

Albuquerque Business Law

Firm/Company

1803 Rio Grande Blvd. NW Suite B

Address

Albuquerque, NM 87104

City/State and Zip Code

James@abqbizlaw.com; lstokes@academyphysicians.com

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

For further information concerning this matter, please call:

James Burns III, Esq. at 505 264-2878

Name of Person

Area Code & Daytime Telephone Number

**MAILING ADDRESS:**

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

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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



\$160.00 Filing Fee, Certificate  
of Status & Certified Copy

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO  
TRANSACTION BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. Academy Physicians, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Academy Physician

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. Nevada

(Jurisdiction under the law of which foreign limited liability company is organized)

3. NV20081137368

(FBI number, if applicable)

4. 08/01/2008

(Date of Organization)

5. Perpetual

(Duration: Year limited liability company will cease to exist or "perpetual")

6. \_\_\_\_\_

(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 3453 Jujube Dr.

Orlando, Florida 32810

(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

Linda Stokes and Julie Demps

3453 Jujube Dr.

Orlando, Florida 32810

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: \_\_\_\_\_

Medical professional recruiting and placement.

  
Signature of a member or an authorized representative of a member.

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

James Burns III, attorney for Academy Physicians, LLC

Typed or printed name of signee

2010 OCT 20 PM 3:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Academy Physicians, LLC

If unavailable, the alternate to be used in the state of Florida is:

Academy Physician

2. The name and the Florida street address of the registered agent and office are:

Julie Demps

(Name)

3453 Jujube Dr.

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Orlando


FL 32810

City/State/Zip

2011 OCT 29 PM 3:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

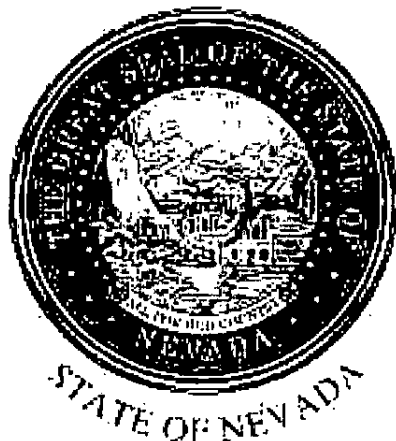
FILED

*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 608, Florida Statutes.*

  
(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

# SECRETARY OF STATE



## CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **ACADEMY PHYSICIANS, LLC**, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since August 1, 2008, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on August 25, 2011.



A handwritten signature in black ink, appearing to read "Ross Miller".

ROSS MILLER  
Secretary of State

Electronic Certificate  
Certificate Number: C20110825-2282  
You may verify this electronic certificate  
online at <http://www.nvsos.gov/>