

L110002830173

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.

((H11000283017 3))



H110002830173ABCX

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) 617-6383

L. SELLERS

DEC 2, 2011

From: Account Name : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

EXAMINER

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

Email Address: _____

FLORIDA LIMITED LIABILITY CO.
THE KESSLER CENTER FOR CHRONIC DISEASES LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED

11 DEC -2 PM 12:37

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 DEC -2 PM 10:08

FILED

Electronic Filing Menu

Corporate Filing Menu

Help

H11000283017 3

**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

THE KESSLER CENTER FOR CHRONIC DISEASES LLC

ARTICLE II ADDRESS

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

5801 N. CONGRESS AVE.

BOCA RATON, FL 33433

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

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

C. JEFFRY KESSLER, MD

6234 BRAVA WAY

BOCA RATON, FL 33433

Having been named as registered agent 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, F.S.

X


C. JEFFRY KESSLER, MD / Registered Agent's signature

H11000283017 3

PAGE 2 THE KESSLER CENTER FOR CHRONIC DISEASES LLC

ARTICLE IV MANAGEMENT


The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER
CHARLES JEFFRY KESSLER, MD
6234 BRAVA WAY
BOCA RATON, FL 33433

MANAGING MEMBER
MARIAN MILLER
6234 BRAVA WAY
BOCA RATON, FL 33433



X 

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

CHARLES JEFFRY KESSLER, MD

FILED
11 DEC -2 PM 10:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
H11000283017 3