# 104000 87031

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(OR) CHOICE II)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Siling Officer
Special Instructions to Filing Officer:

Office Use Only



700160356217

B. KOHR

SEP 1 0 2009

**EXAMINER** 

## **COVER LETTER**

TO:

TO: Registration Section Division of Corporation		
SUBJECT: Sunce	Dast Dermato pathology, LLC.  Name of Limited Liability Company	<del>-</del>
The enclosed Articles of Org	ganization and fee(s) are submitted for filing.	
Please return all corresponde	ence concerning this matter to the following:	
	SHURUN ZHAO  Name of Person	
SU	NCOAST DERMATOPATHOLOGY Firm/Company	S 60
	1020X ALTAVISTA AVE. #104	FP HA
	TAMPA, FL 33647	ORPORAL
	TAMPA, FL 33647  City/State and Zip Code  Zhao 669@gmail.com	55 55
	erning this matter, please call:	
SHURUN Z		
Enclosed is a check for th		
\$125.00 Filing Fee	S130.00 Filing Fee & \$\sum \\$155.00 Filing Fee & \$\sum \\$160.00 Filing Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is	Status &
R D P	Iailing Address egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314  Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

SUNCOAST DERMATO (Must end with the words "Limited Liability)	PATHOLOGY LLC y Company," "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
10207 Altavista Ave, #104	10207 Altavista Ave, #104
Tampa, FL 33647	Tampa, FL 33647
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the results	gistered agent are:  ZHAO  Sox NOT acceptable)  Red Agent. You must designate an individual or another  Sox NOT acceptable)

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..

Registered Agent's Signature (REQUIRED)

#### Page 1 of 2

## ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
"MGR" = Manage "MGRM" = Mana	
MGR	SHURUN ZHAO  1020 \( \text{TAMORE Altavista Ave. #104} \)
MGR	YING PANG 10207 Altavista Ave. #104 Tampa, FL 33647
######################################	A TO
	late, if other than the date of filing: (OPTIONAL)  ed, the date must be specific and cannot be more than five business days prior
REQUIRED SIC	SNATURE:
	Jan Row
	Signature of a member or an authorized representative of a member.
	(!n 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.)
	SHURUN ZHAO  Typed or printed name of signee
Filing Fees:	Typed or printed name of signee
	ee for Articles of Organization and Designation stered Agent

Page 2 of 2

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)