L03000010140

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

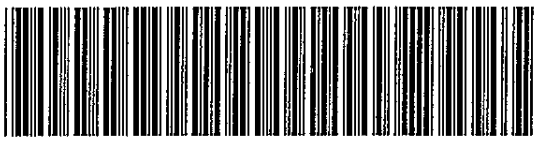
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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# CORSARO & ASSOCIATES CO., LPA

**2001 CROCKER ROAD**
**GEMINI TOWER II, SUITE 400**
**CLEVELAND, OH 44145**
**(440) 871-4022/TELEPHONE**
**(440) 871-9567/FACSIMILE**


March 19, 2003

**VIA UPS**
DEPARTMENT OF STATE
Registration Section
Division of Corporations
409 East Gaines Street
Tallahassee FL 32399

Re: 1701, LLC

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dear Sir/Madam:

Enclosed herewith are the following items:

1. Articles of Organization for Florida Limited Liability Company; and

2. A check in the amount of $125.00, as payment for the filing fee for the Articles of Organization and Designation of the Registered Agent.

Upon registration of the Company, please mail the letter of acknowledgment to the undersigned Firm.

If you should have any questions in this regard, please do not hesitate to contact me.

Sincerely,
CORSARO & ASSOCIATES CO., LPA

Joseph G. Corsaro/amj

By: Joseph G. Corsaro, Esq.

AMJ/tlb
Enclosures
cc: Dr. William B. Dreyer (w/enclosures) (via U.S. Mail)

W:\1701, LLC\Corresp\LTR-031703.wpd/84

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**
The name of the Limited Liability Company is:
1701, LLC

**ARTICLE II - Address:**
The mailing address and street address of the principal office of the Limited Liability Company is:
Mailing address: P.O. Box 1906, Palm City, FL 34991
Street address: 2101 S.W. Racquet Club Drive, Palm City, FL 34990

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

William B. Dreyer, M.D.
Name

2101 S.W. Racquet Club Drive
Florida street address (P.O. Box **NOT** acceptable)

Palm City, Florida FL 34990
City, State, and Zip

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TALLAHASSEE FLORIDA

*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, F.S.*

Wm B. Dreyer, MD
Registered Agent's Signature

(An additional article must be added if an effective date is requested)

Kathleen H Dreyer
**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.)

Kathleen H. Dreyer, Authorized Representative of
William B. Dreyer, M.D., Manager
Typed or printed name of signee

**Filing Fees:**
**$100.00 Filing Fee for Articles of Organization**
**$ 25.00 Designation of Registered Agent**
**$ 30.00 Certified Copy (Optional)**
**$ 5.00 Certificate of Status (Optional)**