L00000011147

To: Florida Dept of State

From: Howard Eisenberg 4702 SW 25 Ct Cape Coral, Fl, 33914 Tel# 941-540-7517

300003381433--3 -09/05/00--01062--002 ****160.00 ****160.00

W-21816

Please send any correspondence to above address

Enclosed please find check in the amount of \$160.

Thank you.

FILED

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SECRETARY OF STATE
TALLAHASSEF FLORIDA

9/15



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

September 6, 2000

HOWARD EISENBERG 4702 SW 25TH CT. CAPE CORAL, FL 33914

SUBJECT: HOWARD EISENBERG M.D., FCCP

Ref. Number: W00000021816

We have received your document for HOWARD EISENBERG M.D., FCCP and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "L.C." or "L.L.C."

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 8 (850) 487-6097.

Michael Mays Document Specialist

Letter Number: 800A00047

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: |
|---|
| The name of the Limited Liability Company is: |
| Howard Elsenberg, MD., FCCP, L.L. |
| ARTICLE II - Address: |
| |
| The mailing address and street address of the principal office of the Limited Liability Company is: |
| 1435 B SE 8" Terrace_ |
| 1435 B SE 8th Terrace Cape Coral, Fl. 33990 |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: |
| The name and the Florida street address of the registered agent are: |
| |
| Howard Eisenberg |
| Name CHOT |
| Florida tradition 1908 No. |
| Florida street address (P.O. Box NOT acceptable) |
| City, State, and Zip |
| Henring hear named as varietized as not and to an a |
| 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 |
| S S S S |
| Musil General Fig. |
| Registered Agent's Signature |
| / |
| Article IV - Management (Check box if applicable.) |
| The Limited Liability Company is to be managed by one manager or more managers and |
| therefore, a manager - managed company. |
| |
| |
| (An additional article must be added if an effective date is requested) |
| Alward Eighten |
| 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 periury |
| that the facts stated herein are true.) |
| Howard Eisenberg |
| 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)