



**HOLCHER & COMPANY, P.A.**  
*Certified Public Accountants and Personal Financial Specialists*  
**AND AFFILIATED COMPANIES**

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February 15, 2001

*L01000004364*

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

**Re: ZERO CAVITY, LLC**

To Whom It May Concern:

Herewith enclosed for filing are the Articles of Organization for ZERO CAVITY, LLC.

Also enclosed is check in the amount of \$78.75 to cover Filing Fees, Registered Agent Designation and Certified Copies.

Thank you for your assistance.

Sincerely,

HOLCHER & COMPANY

Max A. Holcher  
Partner

MAH/djp

Enclosures as Stated

300003719093--8  
-02/19/01--01135--005  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

300003719093--8  
-03/21/01--01080--016  
\*\*\*\*\*81.25 \*\*\*\*\*81.25

FILED  
01 MAR 21 PM 1:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

February 20, 2001

MAX A. HOLCHER  
HOLCHER & COMPANY PA  
P.O. BOX 338  
NAPLES, FL 34106-0388

SUBJECT: ZERO CAVITY, LLC  
Ref. Number: W01000004020

We have received your document for ZERO CAVITY, LLC and check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 487-6043.

Shawn Logan  
Document Specialist

Letter Number: 201A00010677

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I**

The name of the Limited Liability Company is: ZERO CAVITY, LLC

**ARTICLE II**

The principal place of business and mailing address of this corporation shall be:

1000 9th Street No., Ste. 502  
P. O. Box 338  
Naples, Florida 34106

**ARTICLE III**

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

Max A. Holcher  
1000 9th Street No., Ste. 502  
Naples, Florida 34102

*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 am familiar with and accept the obligations of my position as registered agent as provided in Chapter 608, F.S.*

  
\_\_\_\_\_  
Signature/Registered Agent

**ARTICLE IV**

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

  
\_\_\_\_\_  
Signature of authorized representative of 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.)

Max A. Holcher

FILED  
01 MAR 21 PM 1:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA