

W01000010827

Melvin F. SABREÉ  
2565 N.W. 92nd. Street  
Miami, FL 33147

MJH

175

Office Use Only

**CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):**

1. 00789-02595-00023-00707-00071  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #) W01-14305

3. \_\_\_\_\_  
(Corporation Name) (Document #) 000004426160--0  
-06/19/01--01018--003  
\*\*\*160.00 \*\*\*160.00

4. \_\_\_\_\_  
(Corporation Name) (Document #)

- Walk in
- Pick up time
- Certified Copy
- Mail out
- Will wait
- Photocopy
- Certificate of Status

**NEW FILINGS**

- Profit
- Not for Profit
- Limited Liability
- Domestication
- Other

**AMENDMENTS**

- Amendment
- Resignation of R.A., Officer/Director
- Change of Registered Agent
- Dissolution/Withdrawal
- Merger

**OTHER FILINGS**

- Annual Report
- Fictitious Name

**REGISTRATION/QUALIFICATION**

- Foreign
- Limited Partnership
- Reinstatement
- Trademark
- Other

FILED  
01 JUL -5 PM 4:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Examiner's Initials



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

June 21, 2001

MELVIN F. SABREE  
2565 N.W. 92ND STREET  
MIAMI, FL 33147

SUBJECT: THIRD OPINION NATURAL HEALING CLINIC  
Ref. Number: W01000014305

We have received your document for THIRD OPINION NATURAL HEALING CLINIC 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."

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 487-6051.

Michelle Hodges  
Document Specialist

Letter Number: 001A00037715

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

*Third Opinion Natural Healing Clinic L.L.C.*

**ARTICLE II - Address:**

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

*2565 North West 92nd. Street  
Miami, Florida 33147*

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

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

*Melvin F. Sabree*  
Name  
*2565 North west 92nd. Street*  
Florida street address (P.O. Box **NOT** acceptable)  
*Miami FL 33147*  
City, State, and Zip

*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..*

*Melvin F. Sabree*  
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 is, therefore, a manager - managed company.

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

*Melvin F. Sabree*  
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.)

*MELVIN F. SABREE*  
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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 JUL -5 PM 4: 37

FILED