

L020000026711



James M. Shuta
Attorney At Law

October 3, 2002

Bureau of Commercial Recording
Registration and Qualification Section
Department of State
P.O. Box 6327
409 East Gaines Street
Tallahassee, Florida 32301

800008278428--3
-10/09/02--01010--008
****160.00 ****160.00

Re: HART FAMILY LIMITED LIABILITY COMPANY

Gentle(wo)men:

Enclosed is the original of the following documents which are submitted to you for the purpose of commencing this business:

1. Articles of Organization
2. Registered Agent Certificate

Also enclosed is a check in the amount of \$ 160.00 following:

Filing Fee	\$ 100.00
Registered Agent Fee	25.00
Certified Copy	30.00
Certificate of Status	5.00

FILED
02 OCT -9 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Please return the certified copy and the Certificate to me after recording.

Name Thank you for your continued assistance.
Availability

Sincerely,

Document

Examiner

Updater

James M. Shuta

Board-Certified Tax Attorney

Verifier

Acknowledgment

DCC

W. P. Verifier

DCC

Phone (727) 384-2266 • Fax (727) 381-2364 • P. O. Box 48698 • St. Petersburg, FL 33743-8698

jmsruta@tampabay.rr.com

L020000026711

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

Pursuant to Section 608.407 Florida Statutes, the Limited Liability Company named below submits the following Articles of Organization:

ARTICLE I
Name

The name of the Limited Liability Company is:

HART FAMILY LIMITED LIABILITY COMPANY.

ARTICLE II
Business

This Limited Liability Company shall engage in the business of ownership of real, personal and/or mixed property.

ARTICLE III
Address

The mailing address and street address of the Principal Office is:

6165 Manasota Key Road
Englewood, Florida 34223

ARTICLE IV
Duration

The Limited Liability Company shall commence upon filing the Certificate with the Secretary of State of Florida and shall continue perpetually thereafter unless sooner dissolved by law or by written consent of all the Members hereto.

ARTICLE V
Management

The Limited Liability Company shall be managed by its Member whose name, mailing address and street address is:

Melinda Beth Hart, M.D.
6165 Manasota Key Road
Englewood, Florida 34223

ARTICLE VI
Restrictions on Transfers

No Member may sell, assign, transfer, encumber, or otherwise dispose of any interest in the Limited Liability Company without the prior written consent of the Manager.

FILED
02 OCT -9 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII
Members Rights to Continue Business

The withdrawal of a Member, whether voluntary or involuntary, shall have no effect upon the continuation of the Limited Liability Company's business.

ARTICLE VIII
Effective Date

The effective date of the Limited Liability Company shall be as of the date of filing with the Secretary of State of Florida.

These Articles of Organization of a Florida Limited Liability Company are executed by either a majority in voting interest of the Members or by one or more Members authorized by a majority in voting interest of the Members.

SIGNED this 4 day of OCTOBER, 2002.

WITNESSES:

Lynda A. Smith
Sign Name

Lynda A. Smith
Print Name

Barbara A. Shuta
Sign Name

BARBARA A. SHUTA
Print Name

MEMBER:

Melinda Beth Hart
Melinda Beth Hart, M.D.
Member as to a 99% interest

FILED
02 OCT -9 AM 10:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

STATE OF FLORIDA
COUNTY OF SARASOTA

I HEREBY CERTIFY that on the 4 day of OCTOBER, 2002, the foregoing was acknowledged before me by Melinda Beth Hart, M.D. (☒) who is personally known to me or (☐) who produced _____ as identification and who (☐) did or (☒) did not take an oath.



James M. Shuta
MY COMMISSION # DD102628 EXPIRES
March 24, 2006
BONDED THRU TROY FAIN INSURANCE, INC.

James M. Shuta
Notary Public, State of Florida
JAMES M. SHUTA
(Printed Name)
My Commission Expires: _____

Commission No. _____

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 608.415 Florida Statutes, the undersigned LIMITED LIABILITY COMPANY, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

1. The name of the Limited Liability Company is:


HART FAMILY LIMITED LIABILITY COMPANY.

2. The name and address of the registered agent and office is:

Melinda Beth Hart, M.D.
6165 Manasota Key Road
Englewood, Florida 34223

FILED
02 OCT -9 AM 10:29
SECRETARY OF STATE
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.



Melinda Beth Hart, M.D.
Registered Agent

Date: OCTOBER 4, 2002