

✓  
**L02000032028**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



**200009114102**

11/27/02--01038--004 \*\*125.00

STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

02 NOV 27 09 15

FILED

L02-32028  
OK

The Law Firm Of  
**Thomas E. Shipp, Jr. & Associates, P.A.**  
4223 Del Prado Boulevard  
Cape Coral, Florida 33904

TEL (239) 542-1131 \* FAX (239) 549-9862  
EMAIL: shippslaw@att.net

November 20, 2002

Secretary of State  
**Division of Corporations**  
409 East Gaines Street  
Tallahassee, FL 32399

**RE: ARTICLES OF ORGANIZATION FOR DAVID MAILE, LMT, LLC**

Dear Sir or Madam:

Enclosed is our check in the amount of \$125.00 to cover the cost of filing the enclosed Articles of Organization for the above-referenced corporation. Please return a certified copy to our office in the enclosed, self-addressed, stamped envelope which has been provided for your convenience.

Thank you for your assistance and please feel free to call should you have any questions.

Sincerely,



THOMAS E. SHIPP, JR.

TES:dlg  
Enclosure

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 NOV 27 PM 9:15

FILED

**ARTICLES OF ORGANIZATION FOR  
DAVID MAILE, LMT, LLC**

**ARTICLE I**

The name of the Limited Liability Company is:

DAVID MAILE, LMT, LLC

**ARTICLE II**

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

6309 Corporate Court SW  
Suite C  
Fort Myers, FL 33919

**ARTICLE III**

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

David Maile, LMT  
6309 Corporate Court SW  
Suite C  
Fort Myers, FL 33919

*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.*

David Maile  
Registered Agent's Signature

MEMBER:  
DAVID MAILE, LMT

BY: David Maile  
DAVID MAILE, LMT, President

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

02 NOV 27 AM 9:15

FILED