

L03000008205

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

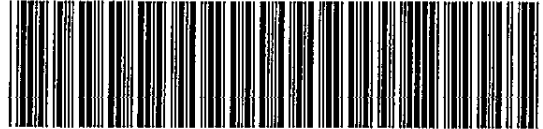
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TALLAHASSEE, FLORIDA

L03-8205

CK



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 940458 7368736

AUTHORIZATION :

*Patricia Pujols*

COST LIMIT : \$ 125.00

ORDER DATE : February 23, 2003

ORDER TIME : 12:11 PM

ORDER NO. : 940458-001

CUSTOMER NO: 7368736

CUSTOMER: Dr. Charmaine P. Laing  
Dr. Charmaine P. Laing

1418 Ne 150 St

North Miami, FL 33161

DOMESTIC FILING

NAME: DR. LAING LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY  
XX PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 1156

EXAMINER'S INITIALS: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

DR. LAING LLC

### ARTICLE II - Address:

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

1418 NE 150 STREET, NORTH MIAMI, FL 33161

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

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

CHARMAINE LAING

Name

1418 NE 150 STREET

Florida street address (P.O. Box **NOT** acceptable)

NORTH MIAMI

FL

33161

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.*

By: CHARMAINE LAING

Registered Agent's Signature

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

Deborah D Skipper  
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.)

DEBORAH D. SKIPPER

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)

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DR. LAING LLC

MANAGING MEMBERS LIST

CHARMAINE P LAING  
7868 NW 17TH PLACE  
PEMBROKE PINES, FL 33024

DULCIE LAING  
1418 NE 150 STREET  
NORTH MIAMI, FL 33161

sxk

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TALLAHASSEE, FLORIDA

## LIMITED POWER OF ATTORNEY

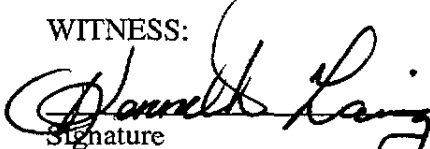
The undersigned hereby designates Corporation Service Company ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of DR. LAING LLC "LLC"), a Florida limited liability company, for the further purpose of filing such Articles of Organization with the State of Florida Department of State, and for no other purpose. The power granted hereby shall be exercisable and effective upon execution of the Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization of the LLC with the State of Florida Department of State. All parties who review the original or a copy of this Limited Power of Attorney may rely upon it and the exercise of the limited power granted herein without making further inquiry as to the matters described herein or the authority of CSC to act hereunder.

This Limited Power of Attorney is executed on this 4th day of March, 2003

  
Signature

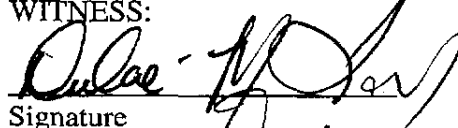
Charmaine Laing  
Print Name of Signer

WITNESS:

  
Signature

Kenneth Laing  
Print Name of Witness

WITNESS:

  
Signature

Dulcie M. Laing  
Print Name of Witness

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