

LO3000010022

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

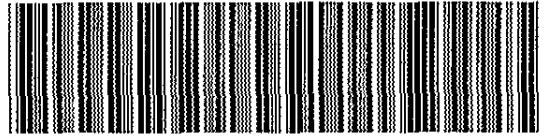
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900013507699

03/20/03--01082--022 \*\*125.00

FILED  
03 MAR 20 PM 1:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

BK

RECEIVED  
03 MAR 20 AM 11:30  
DIVISION OF CORPORATION

**CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

FILED  
03 MAR 20 PM 1:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Pineapple Podiatry LLC

- Art of Inc. File \_\_\_\_\_
- LTD Partnership File \_\_\_\_\_
- Foreign Corp. File \_\_\_\_\_
- L.C. File \_\_\_\_\_
- Fictitious Name File \_\_\_\_\_
- Trade/Service Mark \_\_\_\_\_
- Merger File \_\_\_\_\_
- Art. of Amend. File \_\_\_\_\_
- RA Resignation \_\_\_\_\_
- Dissolution / Withdrawal \_\_\_\_\_
- Annual Report / Reinstatement \_\_\_\_\_
- Cert. Copy \_\_\_\_\_
- Photo Copy \_\_\_\_\_
- Certificate of Good Standing \_\_\_\_\_
- Certificate of Status \_\_\_\_\_
- Certificate of Fictitious Name \_\_\_\_\_
- Corp Record Search \_\_\_\_\_
- Officer Search \_\_\_\_\_
- Fictitious Search \_\_\_\_\_
- Fictitious Owner Search \_\_\_\_\_
- Vehicle Search \_\_\_\_\_
- Driving Record \_\_\_\_\_
- UCC 1 or 3 File \_\_\_\_\_
- UCC 11 Search \_\_\_\_\_
- UCC 11 Retrieval \_\_\_\_\_
- Courier \_\_\_\_\_

Signature \_\_\_\_\_

Requested by: AW 3/20  
Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Walk-In \_\_\_\_\_ Will Pick Up \_\_\_\_\_

**ARTICLES OF ORGANIZATION**  
**OF**  
**Pineapple Podiatry L.L.C.**  
**A Florida Limited Liability Company**

**FILED**  
03 MAR 20 PM 1:31  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned hereby makes, subscribed, acknowledges, and files the following Articles of Organization:

**ARTICLE I**

**NAME**

The name of the limited company shall be: Pineapple Podiatry, L.L.C.

**ARTICLE II**

**ADDRESS**

The street and mailing address in this State of the principal office of this limited liability company shall be:

223 Via D'Este  
Unit 1912  
Delray Beach, Florida 33445

**ARTICLE III**

**DURATION**

The limited liability company shall commence its existence on the date of the filing of these Articles and shall be for a term that shall end on the earlier to occur of either 1) perpetual or 2) in accordance with the Company's Operating Agreement.

**ARTICLE IV**

**PURPOSE**

The general nature of the business to be conducted by this limited liability company shall be to do all things enumerated, set forth and authorized by Florida Statutes 1975, Section 608.104.

03  
MAY 20 PM 1:31  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE V**

**MANAGEMENT**

The sole member manager of the limited liability company shall be Elizabeth Reilly.

**ARTICLE VI**

**MEMBER MANAGERS ADDRESS**

The name and address of the member manager of the limited liability company shall be:

<b><u>NAME</u></b>	<b><u>ADDRESS</u></b>
Elizabeth Reilly	223 Via D'Este Unit 1912 Delray Beach, Florida 33445

**ARTICLE VII**

**AUTHORIZED SUBSCRIBER**

The representative or member who is authorized to execute these Articles of Organization is:

**NAME AND ADDRESS**

Elizabeth Reilly  
Unit 1912  
Delray Beach, FL 33445

**ARTICLE VIII**  
**ADDRESS OF REGISTERED AGENT**

03 MAR 20 PM 1:31  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA


The street address of the initial registered office is:

223 Via D'Este  
Unit 1912  
Delray Beach, Florida 33445

and the name of the registered agent of this limited liability company at that address is:

Elizabeth Reilly

**IN WITNESS WHERE OF**, the representative/member has affixed his signature, this 10<sup>TH</sup> day of March, 2003.

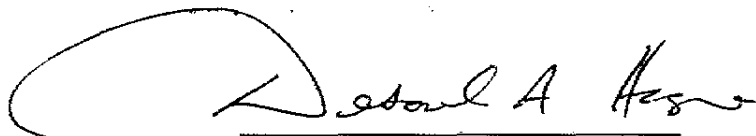
 (SEAL)  
Elizabeth Reilly

STATE OF FLORIDA  
COUNTY OF PALM BEACH

BEFORE ME, the undersigned authority, personally appeared Elizabeth Reilly who after being duly sworn, acknowledged that he executed the foregoing Articles of Organization for the purposes therein expressed.


Dated at Boca Raton, Palm Beach County, Florida, this 10 day of March, 2003.



  
Notary Public/State of Florida

**ACKNOWLEDGMENT OF REGISTERED AGENT**

Having been named to accept service of process for Pineapple Podiatry, L.L.C., a Florida limited liability company, at the place designed in the foregoing Articles of Organization, I hereby accept to act in this capacity, and agree to comply with the provisions of said Act, relative to keeping open said office.

 (SEAL)  
Elizabeth Reilly  
Registered Agent

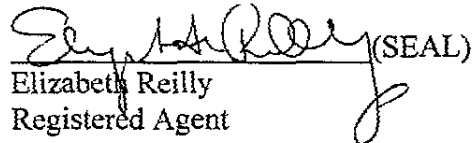
**CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE  
FOR THE SERVICE OF PROCESS WITHIN THIS STATE,  
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED**

In pursuant of Chapter 48.091, Florida Statutes, the following is submitted in compliance with said Act.

First that Pineapple Podiatry, L.L.C., desiring to organize under the laws of the State of Florida with its principal office, as indicated in the Articles of Organization, at the City of Boca Raton, County of Palm Beach, State of Florida, has named Elizabeth Reilly, located at 223 Via D'Este, Unit 1912, Delray Beach, FL 33445, County of Palm Beach, State of Florida, as its agent to accept service of process within this state.

ACKNOWLEDGMENT: (Must be signed by Designated Agent)

Having been named to accept service of process for the above stated limited liability company, at the place designated to this Certificate, I hereby accept to act in this capacity, and agree to comply with the provisions of said Act relative to keeping open said office.

 (SEAL)  
Elizabeth Reilly  
Registered Agent