

L03000027241

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

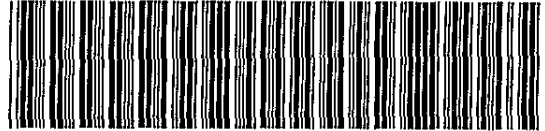
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/22/03--01081--006 **155.00

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 JUL 21 PM 1:25

Kevin E. Howell, Jr.



P. O. Box 128 ◆ Odessa, Florida 33556
Phone 813-920-0894 ◆ Fax 813-926-2422

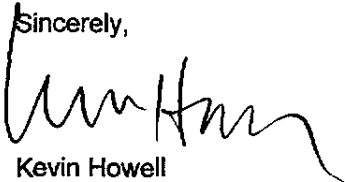
July 18, 2003\

Registration Section
Division of Corporations

Gentlemen:

Enclosed are two executed originals of the Articles of Organization along with a check in the amount of \$155 for filing fee, designation of registered agent and certified copy. Please return our certified copy to the address above. Thank you very much.

Sincerely,



Kevin Howell

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Crown Pointe Professional Center of Tampa, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kevin E. Howell, Jr.

(Name of Person)

Crown Pointe Professional Center of Tampa, LLC

(Firm/Company)

19302 Gunn Highway, P.O. Box 128

(Address)

Odessa, Florida 33556

(City/State and Zip Code)

For further information concerning this matter, please call:

Kevin E. Howell, Jr.

(Name of Person)

at (813) 920-0894

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
Crown Pointe Professional Center of Tampa, LLC

ARTICLE II - Address:

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

Principal Office Address:

19302 Gunn Highway
Odessa, Florida 33556

Mailing Address:

P.O. Box 128
Odessa, Florida 33556

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

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

Kevin E. Howell, Jr.

Name

19302 Gunn Highway

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

Odessa, FL 33556

City, State, and Zip

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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..


Registered Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

"MGRM"

Kevin E. Howell, Jr.

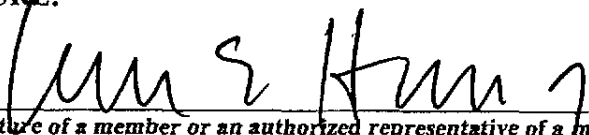
19302 Gunn Highway, P.O. Box 128

Odessa, Florida 33556

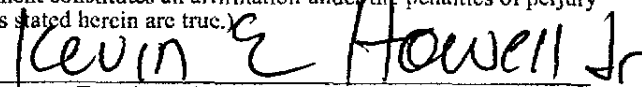
(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


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.)


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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