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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : FRANK H. FEE, III, ESQUIRE
Account Number : I19990000154
Phone : (772)461-5020
Fax Number : (772)468-8461

LIMITED LIABILITY COMPANY

NAZARETH HOLDINGS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NAZARETH HOLDINGS, LLC
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to the following:

FRANK H. FEE, III, ESQUIRE
(Name of Person)

FEE, KOBLEGAED & DeROSS
(Firm/Company)

401 SOUTH INDIAN RIVER DRIVE
(Address)

FORT PIERCE, FL 34950
(City/State and Zip Code)

For further information concerning this matter, please call:

CONNIE MOORE at (772) 461-5020
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gainer Street
Tallahassee, Florida 32399

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

05 OCT 24 AM 9:31
FILED

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

NAZARETH HOLDINGS, LLC

ARTICLE II - Address:

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

Principal Office Address:

401 South Indian River Drive, Suite A

Fort Pierce, FL 34950

Mailing Address:

401 South Indian River Drive, Suite A

Fort Pierce, FL 34950

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

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

FRANK H. FEE, III, ESQUIRE

Name

401 South Indian River Drive

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

Fort Pierce

FLORIDA 34950

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, Florida Statutes..



Registered Agent's Signature

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:

MGR

ZIAD MARJIEH, M.D.

2100 Nebraska Avenue, Suite 105

Fort Pierce, FL 34950

(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.)

FRANK H. FEE, III, ESQUIRE, Attorney and Agent

Typed or printed name of signer

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)