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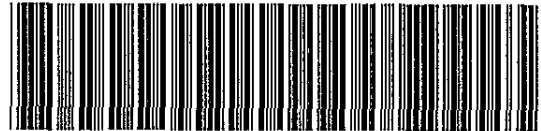
Certificates of Status

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TALLAHASSEE FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: EAR, NOSE AND THROAT OF FLORIDA, 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:

SANDRA HIMBER CPA

.....
Name (Printed or typed)

P O BOX 47132

.....
Address

ST PETERSBURG FL 33743-7132

.....
City, State & Zip

727 - 345 - 4639

.....
Daytime Telephone number

For further information concerning this matter, please call:

RAYMOND W BOROTA 727-417-6260

A check is enclosed as follows:

Filing fee for Articles of Organization	\$100.00
Certified Copy	30.00

\$130.00

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I NAME

The name of the Limited Liability Company is:

EAR, NOSE AND THROAT OF FLORIDA, LLC

ARTICLE II ADDRESS:

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

MAILING ADDRESS:

PRINCIPAL OFFICE

c/o SANDRA HIMBER

P O BOX 47132

612 OLEANDER WAY SOUTH

ST. PETERSBURG, FL 33743

ST. PETERSBURG, FL 33707

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

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

SANDRA HIMBER

Name

612 OLEANDER WAY SOUTH

Florida street address

ST. PETERSBURG, FL 33707

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.

Sandra Hember

Registered Agent's Signature

11-4-03

Date

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

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

Title:

Name and Address:

MGRM

RAYMOND W BOROTA
3 SOUTH PINE CIRCLE
BELLEAIR FL 33756

MGRM

FREDERICK POLLEN
2828 SO SEACREST BLVD, S 213
BOYNTON BEACH FL 33435

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

Raymond W Borota

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.)

RAYMOND W BOROTA

Typed or printed name of signer

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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