

L03 000046273

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

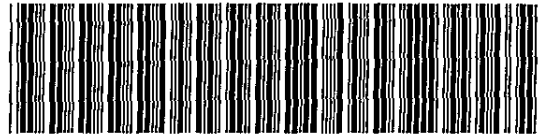
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



000024740390

L03-46273

11/17/03--01068--021 **160.00

Effective date
11/21/03

CC + CUS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 NOV 17 PM 1:43



James M. Shuta
Attorney At Law

November 14, 2003

Registration Section
Department of Corporations
P.O. Box 6327
409 East Gaines Street
Tallahassee, Florida 32301-2412

Re: THOMAS J. UMSTEAD, M.D. D.L.C.

Gentle(wo)men:

Enclosed are the following documents which are submitted to you for the purpose of commencing this business:

1. Articles of Organization
2. Registered Agent Certificate

Also enclosed is a check in the amount of \$ 160.00 for the following:

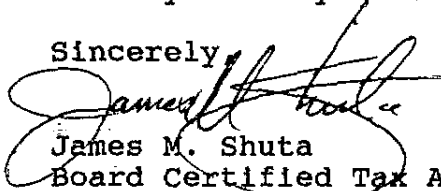
Filing Fee	\$ 100.00
Registered Agent Fee	25.00
Certified Copy	30.00
Certificate of Status	5.00

Please note in Article VIII that this Limited Liability Company COMMENCES BUSINESS ON NOVEMBER 21, 2003.

Please return the certified copy and the certificate to me after recording.

Thank you for your continued assistance.

Sincerely,


James M. Shuta
Board Certified Tax Attorney

copy Richard M. Brothwell, CPA

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ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY

Pursuant to Section 608.407 Florida Statutes, the Limited Liability Company named below submits the following Articles of Organization:

ARTICLE I
Name

The name of the Limited Liability Company is:

THOMAS J. UMSTEAD, M.D. L.L.C.

ARTICLE II
Business

This Limited Liability Company shall engage in the business of ownership of real, personal and/or mixed property.

ARTICLE III
Address

The mailing address and street address of the Principal Office is:

3521 Landmark Trail
Palm Harbor, Florida 34684

ARTICLE IV
Duration

The Limited Liability Company shall commence upon the 21st day of November, 2003 and shall continue perpetually thereafter unless sooner dissolved by law or by written consent of all the Members hereto.

ARTICLE V
Management

The Limited Liability Company shall be managed by its Member whose name, mailing address and street address is:

Thomas J. Umstead, M.D.
3521 Landmark Trail
Palm Harbor, Florida 34684

ARTICLE VI
Restrictions on Transfers

No Member may sell, assign, transfer, encumber, or otherwise dispose of any interest in the Limited Liability Company without first offering to sell such interest to the other Members.

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ARTICLE VII
Members Rights to Continue Business

The withdrawal of a Member, whether voluntary or involuntary, shall have no effect upon the continuation of the Limited Liability Company's business.

ARTICLE VIII
Effective Date

The effective date of the Limited Liability Company shall be as of the 21st day of November, 2003.

These Articles of Organization of a Florida Limited Liability Company are executed by either a majority in voting interest of the Members or by one or more Members authorized by a majority in voting interest of the Members.

SIGNED this 14 day of November, 2003.

WITNESSES:

MEMBER:

Lisa L. Gingras
Sign Name

Thomas J. Umstead
Thomas J. Umstead, M.D.
Member as to a 100% interest

Lisa L. Gingras
Print Name

Jane Fisk
Sign Name

Jane Fisk
Print Name

STATE OF FLORIDA
COUNTY OF PASCO

I HEREBY CERTIFY that on the 14 day of November, 2003, the foregoing was acknowledged before me by Thomas J. Umstead, M.D. (X) who is personally known to me or () who produced _____ as identification and who () did or (X) did not take an oath.

James M. Shuta
Notary Public, State of Florida



James M. Shuta
MY COMMISSION # DD102628 EXPIRES
March 24, 2006
BONDED THRU TROY FAIN INSURANCE, INC.

JAMES M. SHUTA
(Printed Name)

My Commission Expires: _____

Commission No. _____

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of section 608.415 Florida Statutes, the below stated LIMITED LIABILITY COMPANY, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the state of Florida.

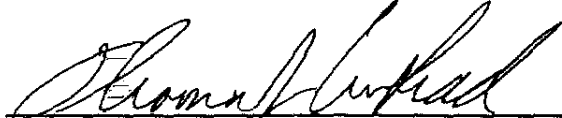
1. The name of the Limited Liability Company is:

THOMAS J. UMSTEAD, M.D. L.L.C.

2. The name and address of the registered agent and office is:

Thomas J. Umstead, M.D.
3521 Landmark Trail
Palm Harbor, Florida 34684

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.



Thomas J. Umstead, M.D.
Registered Agent

Date: November 14, 2003

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