

L03 0000 49013

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

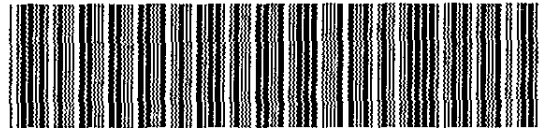
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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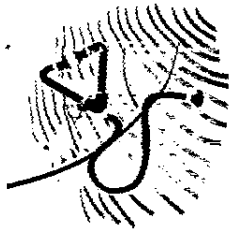
11/21/03 --01024--005 **160.00

SEALARY OF 3.00
TALLAHASSEE, FLORIDA

03 NOV 21 AM 8:33

FILED

12/3/03
[Signature]



Holistic Family Medicine, LLC

"The most effective, least toxic therapy, at the lowest cost."

Kenneth N. Woliner, M.D., A.B.F.P. Board Certified, Family Practice

November 12, 2003

Nutritional Medicine

Natural Hormone

Replacement

Pain Management

Weight Management

Holistic Treatments For:

ADD / ADHD

Allergies

Alopecia / Hair Loss

Arthritis

Back Pain / Sciatica

Candida (Yeast Syndrome)

Cholesterol

Chronic Fatigue Syndrome

Crohn's Disease

Depression

Diabetes

Ear Infections, Chronic

Erectile Dysfunction

Fibromyalgia

Heartburn / GERD

Hepatitis

Hyperhidrosis / Sweating

Hypertension

Irritable Bowel Syndrome

Lupus

Menopause

Menstrual Problems

Migraines / Headaches

Multiple Sclerosis

Osteoporosis

Obesity, Adult & Pediatric

PMS

Psoriasis

Smoking Cessation

Stress / Anxiety

Thyroid Disorders

TMJ Syndrome

Glades/St. Andrews

Professional Center

2499 Glades Rd. # 106 A

Boca Raton, FL 33431

T: 561-620-7779

F: 561-367-9509

knw6@cornell.edu

MAILING ADDRESS

Registration Section

Division of Corporations

Post Office Box 6327

Tallahassee, FL 32314

850-245-6051

STREET ADDRESS (FOR COURIERS)

Registration Section

Division of Corporations

409 E. Gaines Street

Tallahassee, FL 34399

850-245-6051

To Whom It May Concern:

Attached are the articles of organization for my medical practice, Holistic Family Medicine, L.L.C. We have included the fees of \$160.00 to be applied for the filing fee (\$100), designation of a registered agent (\$25), a certified copy (\$30), and a certificate of status (\$5).

We appreciate the timely process of this application.

Sincerely,

Kenneth N. Woliner, M.D.

2499 Glades Road #106A

Boca Raton, FL 33431

561-620-7779

SECRETARY
TALLAHASSEE, FLORIDA

03 NOV 21 AM 8:33

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HOLISTIC FAMILY MEDICINE, L.L.C.
(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:

Kenneth Woliner
(Name of Person)

HOLISTIC FAMILY MEDICINE
(Firm/Company)

2499 Glades Road #106A
(Address)

BOCA RATON FL 33431
(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 NOV 21 AM 8:33

FILED

For further information concerning this matter, please call:

SHAN LEZARK at (561) 620-7779
(Name of Person) (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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HOLISTIC FAMILY MEDICINE, L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

2499 Glades Road #106A
BOCA RATON FL 33431

Mailing Address:

~~2499~~ 2499 Glades Rd #106A
BOCA RATON FL 33431

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

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

Kenneth Wolner
Name
2499 Glades Road #106A
Florida street address (P.O. Box NOT acceptable)
BOCA RATON FL 33431
City, State, and Zip

FILED
03 NOV 21 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

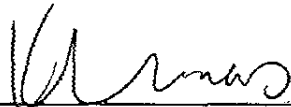
MGR

Kenneth Woliner
576402 ARBORCLUB WAY
BDCN APTN FL 33433

(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.)

Kenneth N. Woliner

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)

FILED
03 NOV 21 AM 8:33
SECRETARY OF
TREASURY
FLORIDA