

L03000054744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

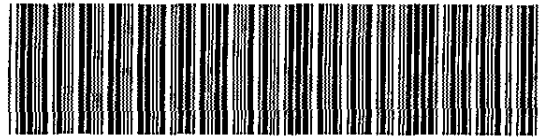
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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L03-54744
OK

EFFECTIVE DATE

1-1-04



James M. Shuta
Attorney At Law

December 8, 2003

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

Re: ALBERGO FAMILY LIMITED
LIABILITY COMPANY (LLC)

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 following:

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

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TALLAHASSEE, FLORIDA

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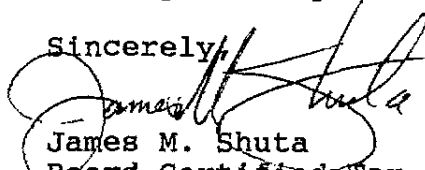
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Please note in Article VIII that this Limited Liability Company COMMENCES BUSINESS ON JANUARY 1, 2004.

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 William R. Wallace, CPA

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:

ALBERGO FAMILY LIMITED LIABILITY COMPANY.

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:

1988 Lago Vista Boulevard
Palm Harbor, Florida 34685

ARTICLE IV

Duration

The Limited Liability Company shall commence upon the 1st day of January, 2004 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:

Robert P. Albergo, M.D.
1988 Lago Vista Blvd.
Palm Harbor, Florida 34685

ARTICLE VI

Restrictions on Transfers

No Member may sell, assign, transfer, encumber, or otherwise dispose of any interest in the Limited Liability Company without the prior written consent of the Manager.

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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 1st day of January, 2004.

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 7 day of NOVEMBER, 2003.

WITNESSES:

Patricia McKenna
Sign Name

PATRICIA MCKENNA
Print Name

Barbara A. Shuta
Sign Name

BARBARA A. SHUTA
Print Name

MEMBERS:

Robert P. Albergo, M.D.
Member as to a 99% interest

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TALLAHASSEE, FLORIDA

STATE OF FLORIDA
COUNTY OF PINELLAS

I HEREBY CERTIFY that on the 7 day of NOVEMBER, 2003, the foregoing was acknowledged before me by Robert P. Albergo, M.D. (☒) who is personally known to me or (☐) who produced _____ as identification and who (☐) did or (☒) did not take an oath.



James M. Shuta
MY COMMISSION # DD182628 EXPIRES
March 24, 2006
BONDED THRU TROY FAIN INSURANCE, INC.

James M. Shuta
Notary Public, State of Florida
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 undersigned 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.

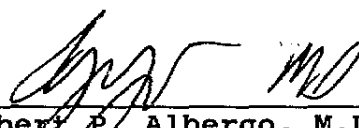
1. The name of the Limited Liability Company is:

ALBERGO FAMILY LIMITED LIABILITY COMPANY.

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

Robert P. Albergo, M.D.
1988 Lago Vista Blvd.
Palm Harbor, Florida 34685

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.



Robert P. Albergo, M.D.
Registered Agent

Date: NOVEMBER 7, 2003

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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