

L04000006367

(Requestor's Name)

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(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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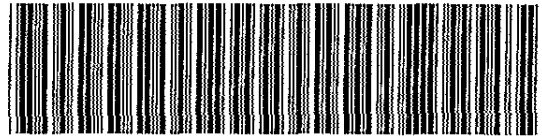
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Examiner DCC

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Acknowledgement DCC

W. P. Verifier DCC



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11/21/03--01005--010 **130.00

04 JAN 26 AM 10:00

FILED
SECRETARY OF STATE
TREASURY

PA. 44?

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GARY D. SCHATZ P.A. 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:

GARY D SCHATZ
(Name of Person)

GARY D SCHATZ P.A. L.L.C.
(Firm/Company)

250 BASIN DRIVE
(Address)

FT. LAUDERDALE, FLORIDA 33308
(City/State and Zip Code)

For further information concerning this matter, please call:

GARY D SCHATZ at (954) 343-8844
(Name of Person) (Area Code & Daytime Telephone Number)

04 JAN 26 AM 10:00

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

$$100^{\circ} + 25^{\circ} + 5^{\circ} = 130^{\circ}$$



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

December 4, 2003

GARY D. SCHATZ
GARY D SCHATZ, P.A., L.L.C.
250 BASIN DRIVE
FT LAUDERDALE, FL 33308

SUBJECT: GARY D. SCHATZ, P.A., L.L.C.
Ref. Number: W03000036535

We have received your document for GARY D. SCHATZ, P.A., L.L.C. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "P.A." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

If you are wanting this to be a professional LLC you must meet the guidelines pursuant to the Florida Statutes, Chapter 621.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing
Document Specialist

Letter Number: 903A00065300

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

GARY D. SCHATZ, [REDACTED] 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:

250 BASIN DRIVE

FT. LAUDERDALE, FLORIDA 33308

Mailing Address:

250 BASIN DRIVE

FT. LAUDERDALE, FL 33308

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

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

GARY D. SCHATZ

Name

250 BASIN DRIVE

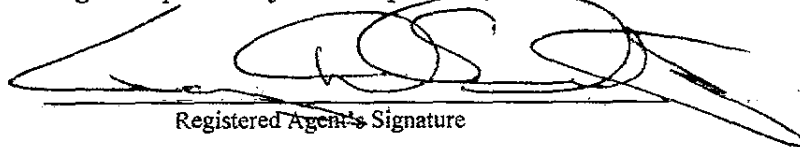
Florida street address (P.O. Box **NOT** acceptable)

FT. LAUDERDALE

FLORIDA 33308

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

FILED
SECRETARY OF STATE
04 JAN 25 AM 10:00

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:

MGRM

GARY SCHATZ

250 BASIN DRIVE

FT. LAUDERDALE, FL 33308

(Use attachment if necessary)

04 JAN 26 AM 10:00

FILED
SECRETARY OF STATE
JAN 26 2004

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.)

GARY D SCHATZ

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)