

L04000025425

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

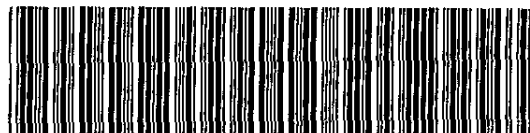
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200031166372

03/26/04--01053--012 **125.00

04 APR 26 PM 11:00
ST. LOUIS, MO
FBI

4-504

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Acupuncture and Holistic Medicine Center, 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:

Ed Sharkey
(Name of Person)

Acupuncture and Holistic Medicine Center, LLC
(Firm/Company)

2215 S. University Drive
(Address)

Davie, Florida 33324
(City/State and Zip Code)

For further information concerning this matter, please call:

Ed Sharkey at (954) 473-8925
(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

04 MAR 26 AM 11:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Acupuncture and Holistic Medicine Center, LLC

ARTICLE II - Address:

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

Principal Office Address:

2215 S. University Drive

Davie, Florida 33324

Mailing Address:

2215 S. University Drive

Davie, Florida 33324

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

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

Ed Sharkey

Name

2215 S. University Drive

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

Davie

FLORIDA 33324

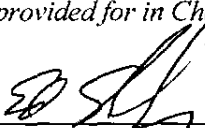
City, State, and Zip

RECEIVED
ALLAHASSEE, FLORIDA

04 MAR 26 PM 11:03

FILED

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

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 _____

Ed Sharkey

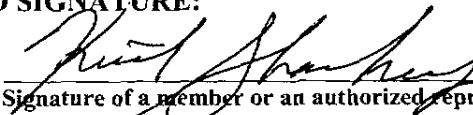
2215 S. University Drive

Davie, Florida 33324

(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.)

Keith Sharkey

Typed or printed name of signee

04 MAR 26 09:11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
MAR 26 2009
FILED

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)