

L040000 58824

10706 St. Andrews Rd
Boynton Beach FL 33436

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

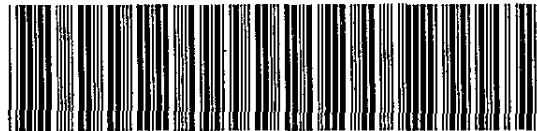
(Business Entity Name)

(Document Number)

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lc 08/09/04

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PHYSICIANS WEALTH CARE 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:

EDWARD H. MAASS
(Name of Person)

(Firm/Company)

10706 ST. ANDREWS ROAD
(Address)

BOYNTON BEACH FLORIDA 33436
(City/State and Zip Code)

For further information concerning this matter, please call:

EDWARD H. MAASS at (561) 523-5909
(Name of Person) (Area Code & Daytime Telephone Number)

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DIVISION OF CORPORATIONS
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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:

PHYSICIANS WEALTH CARE LLC.

ARTICLE II - Address:

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

Principal Office Address:

10706 ST. ANDREWS ROAD

BOYNTON BEACH FL 33436

Mailing Address:

10706 ST. ANDREWS ROAD

BOYNTON BEACH FL. 33436

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

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

EDWARD H. MAASS

Name

10706 ST. ANDREWS ROAD

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

BOYNTON BEACH FLORIDA 33436

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

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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	EDWARD H. MAASS
	10706 ST. ANDREWS ROAD
	BOYNTON BEACH FLORIDA 33436

(Use attachment if necessary)

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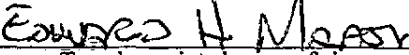
NOTE: An additional article must be added if an effective date is requested.

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.)



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)