

L04 0000 59167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

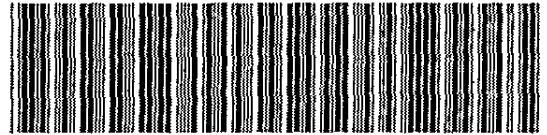
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100039940831

08/09/04--01058--009 **160.00

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

04 AUG -9 PM 2:21

FILED

8/10
Christ



James M. Shuta
Attorney At Law

July 22, 2004

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

Re: GERARD A. CAPPIELLO, M.D.
FAMILY LIMITED LIABILITY COMPANY

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 for the following:

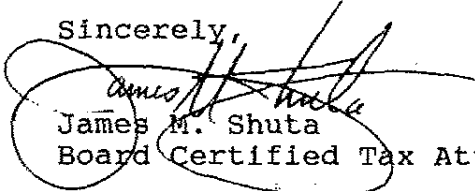
Filing Fee	\$ 100.00
Registered Agent Fee	25.00
Certified Copy	30.00
Certificate of Status	5.00

Please note in Article VIII that this Limited Liability Company COMMENCES BUSINESS UPON FILING.

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

FILED
AUG -9 PM 2:21
TALLAHASSEE, FLORIDA

**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 GERARD A. CAPPIELLO, M.D. FAMILY LIMITED LIABILITY COMPANY.

ARTICLE II
Address

The mailing address and street address of the Principal Office is 1965 Lynnwood Court, Dunedin, FL 34698.

ARTICLE III
Business

This Limited Liability Company shall engage in the business of ownership of copyrights, patents and royalties.

ARTICLE IV
Duration

The Limited Liability Company shall commence upon filing the Certificate with the Secretary of State of Florida and shall continue until the expiration of fifty (50) years 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 authorized Member whose name, mailing address and street address is Gerard A. Cappiello, M.D., 1965 Lynnwood Court, Dunedin, FL 34698.

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 all of the Members. A Member may transfer his or her interest in the Company as set forth in the Regulations of the Company, but the transferee shall have no right to participate in the management of the business and affairs of the Company or become a Member unless all the other Members of the Company other than the Member proposing to dispose of his or her interest and the Manager approve of the proposed transfer by unanimous written consent.

FILED
JAN 6 - 9 PM 2:10
CLERK OF DISTRICT COURT
JAN 6 - 9 PM 2:10
CLERK OF DISTRICT COURT

ARTICLE VII
Members Rights to Continue Business

The death, withdrawal of a Member, whether voluntary or involuntary, expulsion, bankruptcy or dissolution of a Member shall not terminate the Limited Liability Company, which business shall continue so long as there is at least one remaining Member.

ARTICLE VIII
Effective Date

The effective date of the Limited Liability Company shall be as of the date of filing with the Secretary of State of Florida.

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 26th day of July, 2004.

WITNESSES:

AUTHORIZED MEMBER:

[Signature]
Sign Name

[Signature]
Gerard A. Cappiello, M.D. Manager

Andrew Cappiello
Print Name

[Signature]
Sign Name

MIHI CARRIELLO
Print Name

STATE OF FLORIDA
COUNTY OF PINELLAS

I HEREBY CERTIFY that on the 26th day of July, 2004, the foregoing was acknowledged before me by Gerard A. Cappiello, 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 # DD102628 EXPIRES
March 24, 2006
BONDED THRU TROY FAIN INSURANCE, INC.

[Signature]
Notary Public, State of Florida

JAMES M. SHUTA
(Printed Name)

My Commission Expires: _____

Commission No. _____

FILED
AUG -9 PM 2:21
TALLAHASSEE, FLORIDA

**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:

GERARD A. CAPPIELLO, M.D. FAMILY LIMITED LIABILITY COMPANY

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

Gerard A. Cappiello, M.D.
1965 Lynnwood Court
Dunedin, FL 34698

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.


Gerard A. Cappiello, M.D.
Registered Agent

Date: 7/26/04, 2004

RECEIVED
CLERK OF COURT
JULY 26 2004
TALLAHASSEE, FLORIDA

04 AUG -9 PM 2:21

FILED