

L04000061109

(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



500040157855

08/17/04--01029--001 \*\*160.00

04 AUG 17 PM 1:11  
BY STATE CLERK  
BY STATE CLERK

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** PERSONAL GUARDIAN 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:

MARVIN REINBERG MD  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

5405 OKEECHOBEE BLVD. SUITE #303  
(Address)

WEST PALM BEACH, FL. 33417  
(City/State and Zip Code)

For further information concerning this matter, please call:

DR. MARVIN REINBERG at (561) 686-9900  
(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 AUG 17 PM 1:11  
RECEIVED  
STATE DEPT OF STATE  
DIVISION OF CORPORATIONS

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

PERSONAL GUARDIAN LLe

**ARTICLE II - Address:**

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

**Principal Office Address:**

5405 Okeecho Bee Blvd. Suite 303

WEST PALM BEACH FL 33417

**Mailing Address:**

5405 Okeecho Bee Blvd

Suite 303

WEST PALM BEACH, FL 33417

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

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

MARVIN REINBERG MD  
Name

5405 Okeecho Bee Blvd  
Florida street address (P.O. Box **NOT** acceptable)

WEST PALM BEACH FLORIDA 33417  
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

04 AUG 17  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

**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

GERSHON BAITPL  
714 SE 9th ST  
Delray Beach FL 33483  
139-64-4284

MGRM

MARVIN REINBERG MD  
5405 OXAPPAH BPP BLVD SUITE #303  
WEST PALM BEACH, FL. 33417  
ZEV HELPER

MGRM

9721 ARBOR OAKS LANE #302  
BOCA RATON FL. 33405

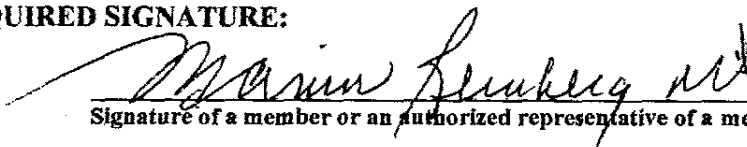
MGRM

KENNETH RAKICC  
958 NW 92nd TERRACE  
PLANTATION FL. 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.)

MARVIN REINBERG MD  
Typed or printed name of signor

**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)

04 AUG 17 PM 1:11  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS