

L04000061517

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

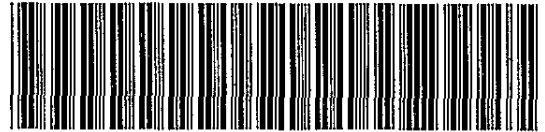
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700040276067

08/18/04--01047--001 \*\*125.00

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS  
04 AUG 18 AM 8:23

LR 8/20/04

Sp

August 13, 2004

Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

To whom it may concern;

We submit the following for registration as an LLC Corporation. A cashiers check in the amount of \$125.00 is enclosed.

Alpha Dialysis Centers, LLC  
1635 S. Ridgewood Ave., Suite 225  
South Daytona, FL 32119

Package to be sent to:  
Frank Leppanen  
369 Sagewood Dr.  
Port Orange, FL 32127  
386.871.4470 Day

Thank you

Frank Leppanen



FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 AUG 19 AM 8:23

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ALPHA DIALYSIS CENTERS, 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:

ANNETTE WEIDENBORNER  
(Name of Person)  
c/o FRANK LEPPANEN  
ALPHA DIALYSIS CENTERS, LLC  
(Firm/Company)

369 SAGEWOOD DRIVE  
(Address)  
PORT ORANGE, FL 32127  
(City/State and Zip Code)

For further information concerning this matter, please call:

FRANK LEPPANEN at (386) 871-4470  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 AUG 18 AM 8:23

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

ALPHA DIALYSIS CENTERS, LLC

### ARTICLE II - Address:

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

#### Principal Office Address:

1635 S. RIDGEWOOD AVE., SUITE 225  
HOLLY HILL, FL 32117  
SOUTH DAYTONA, FL 32119

#### Mailing Address:

SAME

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

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

ANNETTE WEIDENBORNER  
Name

875 DERBYSHIRE RD., APT. 155  
Florida street address (P.O. Box NOT acceptable)

DAYTONA BEACH FL 32117  
City, State, and Zip

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 AUG 18 AM 8:23

*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, F.S..*

Annette Weidenborner  
Registered Agent's Signature

(CONTINUED)

**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

ANNETTE WEIDENBORNER

875 DERBYSHIRE RD., APT. 155

DAYTONA BEACH, FL 32117

MGR

FRANK LEPPANEN

369 SAGEWOOD DRIVE

PORT ORANGE, FL 32127

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Annette Weidenborner

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.)

ANNETTE WEIDENBORNER

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)

04 AUG 18 AM 8:23

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS