

W4000067017

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

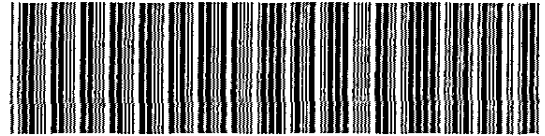
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000040678230

09/10/04--01040--011 \*\*375.00

FILED

04 SEP 10 PM 1:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W4-67017  
JL

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Axotal, 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:

Barbara Schwartz  
(Name of Person)

Arnold Goldstein + Associates  
(Firm/Company)

2500 N. Military Trail #260  
(Address)

Boca Raton FL 33431  
(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara Schwartz at (561) 953-1050  
(Name of Person) (Area Code & Daytime Telephone Number)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 SEP 10 PM 1:51

FILED

**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:

Axotal, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Mailing Address:**

10220 SW 20th Street  
Davie FL 33324  
\_\_\_\_\_

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

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

Samuel Cherian  
Name

10220 SW 20th Street  
Florida street address (P.O. Box **NOT** acceptable)

Davie FLORIDA 33324  
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..*

Samuel Cherian  
Registered Agent's Signature

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 SEP 10 PM 1:57

FILED

**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

Samuel Cherian

10220 SW 20th Street  
Davie FL 33324

MGR

Shirley Samuel

10220 SW 20th Street  
Davie FL 33324

MGRM

Toradol Limited Partnership  
40 10220 SW 20th Street  
Davie 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.)

Samuel Cherian

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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 SEP 10 PM 1:51

FILED