

W4000077467

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies

1

Certificates of Status

1

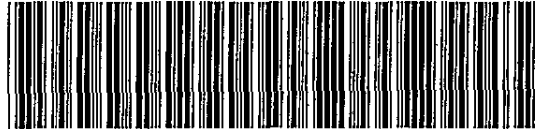
Special Instructions to Filing Officer:

10/26

FLIC

Office Use Only

W4-30909



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10/05/04--01037--002 \*\*160.00

MJH

FILED

04 OCT 26 AM 10:54

10/26/04

DEVITO & COLEN, P.A.

ATTORNEYS AT LAW

DEVITO AND COLEN, P.A.

JAMES A. DEVITO

GERALD R. COLEN

7243 BRYAN DAIRY ROAD • LARGO, FLORIDA 33777

TELEPHONE (727) 545-8114

TELEFAX (727) 545-8227

September 29, 2004

Department of State  
Division of Corporations  
Corporate Records Bureau  
P. O. Box 6327  
Tallahassee, FL 32301

RE: Articles Of Incorporation  
HAMEROFF & DeSANTIS, L.L.C.

Gentlemen:

Pursuant to your instructions, enclosed please find the following:

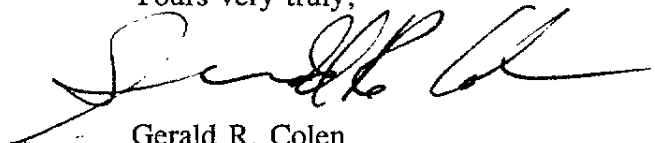
1. Original and one copy of the Articles of Incorporation of HAMEROFF & DeSANTIS, L.L.C.;
2. Check made payable to Department of State in the sum of \$160.00 to cover the following:

\$100.00	Filing Fee (Limited Liability Company)
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified copy of Articles
<u>\$ 5.00</u>	Certificate of Status

\$160.00

Please file the original of the enclosed documents and return a certified copy to the undersigned.

Yours very truly,



Gerald R. Colen

GRC/mpj  
Enclosures  
(04-293)

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: HAMEROFF & DeSANTIS, L.L.C.  
(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:

GERALD R. COLEN

(Name of Person)

DEVITO & COLEN, P.A., ATTORNEY AT LAW

(Firm/Company)

7243 BRYAN DAIRY ROAD

(Address)

LARGO, FLORIDA 33777

(City/State and Zip Code)

For further information concerning this matter, please call:

GERALD R. COLEN

(Name of Person)

at ( 727 ) 545-8114

(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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

October 6, 2004

GERALD R. COLEN  
DEVITO & COLEN, P.A.  
7243 BRYAN DAIRY ROAD  
LARGO, FL 33777

SUBJECT: HAMEROFF & DESANTIS, L.L.C.  
Ref. Number: W04000036909

We have received your document for HAMEROFF & DESANTIS, L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete the attached form to file a Limited Liability Company, the form submitted is for a Corporation.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges  
Document Specialist

Letter Number: 404A00058062

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

HAMEROFF & DeSANTIS, L.L.C.

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

7243 BRYAN DAIRY ROAD

7243 BRYAN DAIRY ROAD

LARGO, FL 33777

LARGO, FL 33777

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

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

GERALD R. COLEN

Name

7243 BRYAN DAIRY ROAD

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

LARGO

FLORIDA 33777

City, State, and Zip

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04 OCT 26 AM 10:54  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

*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

**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

NATHAN HAMEROFF

1190 80th STREET COURT SOUTH  
ST. PETERSBURG, FL 33707

MGRM

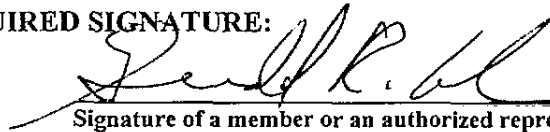
CLAYTON DeSANTIS

7306 WESTMINSTER COURT  
UNIVERSITY PARK, FL 34201

(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.)

GERALD R. COLEN

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)