

LO4000086843

DR. ROBERT DAVIDSON
2100 E HALLANDALE BEACH BLVD
SUITE 204
HALLANDALE, FL 33009

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

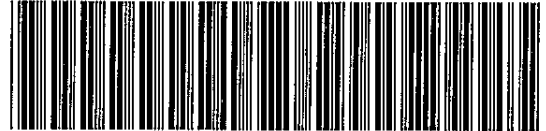
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400040673084

11/16/04--01016--021 **150.00

FILED
2004 DEC -2 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LO4-86843
JL



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

November 16, 2004

ROBERT DAVIDSON
2100 E HALLANDALE BEACH BLVD.
SUITE 204
HALLANDALE, FL 33009

SUBJECT: DAVIDSON PODIATRY ASSOCIATES, LLC
Ref. Number: W04000042064

We have received your document for DAVIDSON PODIATRY ASSOCIATES, LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Chapter 608, Florida Statutes, does not allow limited liability companies to issue shares or stock. Consequently, limited liability company documents cannot contain any references/terms which may implicate otherwise. Please delete any references to terms such as "shares," "stock," "stockholders," "shareholders" the like from your document.

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

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Document Specialist

Letter Number: 404A00065225

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 DEC -2 PM 2:10

FILED

**ARTICLES OF ORGANIZATION
OF
DAVIDSON PODIATRY ASSOCIATES, LLC**

In compliance with the requirements of the Laws of the State of Florida, the undersigned hereby associates himself for the purpose of forming an organization, not for profit and do hereby certify:

ARTICLE I

The name of the organization is DAVIDSON PODIATRY ASSOICATES, LLC hereinafter called the "Doctors"

ARTICLE II

The street address of the Registered Office of the Organization is 2100 E. Hallandale Beach Blvd, Hallandale, FL, 33009 and the Registered Agent shall be ROBERT DAVIDSON.

**ARTICLE III
PURPOSE**

The purpose of the "Doctors" is to establish locations, office procedures to diagnose, therapeutically treat and perform therapy including surgery for individuals with afflictions of the lower extremity, and to maintain high standards for the diagnosis and treatment of those individuals afflicted with ailments.

**ARTICLE IV
POWERS**

Davidson Podiatry Associates, LLC, shall have all the powers and duties reasonably necessary to operate and perform any and all functions necessary to establish, maintain "Doctors" including , but not limited to those functions normally performed in the conduction of business.

**ARTICLE V
ORGANIZERS
AND SHAREHOLDERS**

For the purpose of forming "Doctors", the following shall serve as the initial organizer, and shall upon the formation of "Doctors" elect a new Board of Directors to serve for one year terms and then hold annual elections. Each Director shall be a duly licensed Podiatric Physician and Surgeon, in the State of Florida at the time of their initial election, and may be re-elected in subsequent years.

The Directors named in these Articles shall serve until the first election of Directors.

The name and address of the first Board of Directors who shall hold office until their successors are elected and have qualified, is as follows:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 DEC -2 PM 2:10

FILED

NAME:

ADDRESS:

Robert Davidson, DPM

**2100 E Hallandale Beach Blvd
Suite 204
Hallandale, FL 33009**

Brian Finke, DPM

**7144 Nob Hill Road
Tamarac, FL 33321**

**ARTICLE VI
DURATION**

The organization shall exist perpetually.

**ARTICLE VII
AMENDMENTS**

Ammendments to these Articles may be proposed upon a vote of the majority of the Directors adopting a resolution setting forth the proposed amendment to these Articles, submitted to a meeting of Directors, called for that purpose.

**ARTICLE VIII
SUBSCRIBERS**

The name and street address of the Subscribers to these Articles of Organization is the same as listed in Article V hereof.

**ARTICLE IX
OFFICERS**

The Board of Directors shall elect the President, Vice President, Secretary, Treasurer,

The name and address of the officers who shall serve until his successor is designated by the Board of Directors are as follows:

**President: ROBERT DAVIDSON, DPM 2100 E HALLANDALE BEACH BLVD
SUITE 204
HALLANDALE, FL 33009**

**Vice President: BRIAN FINKE, DPM 7144 NOB HILL ROAD
TAMARAC, FL 33321**

**Secretary-Treasurer: ROBERT DAVIDSON DPM 2100 E HALLANDALE BEACH BLVD
SUITE 204
HALLANDALE, FL 33009**

**FILED
2004 DEC -2 PM 2:10
SECRETARY OF STATE
TALLAHASSEE
FLORIDA**

ARTICLE X

The original By-laws of "DOCTORS" shall be adopted by a majority vote of the DIRECTORS. Thereafter, the By-laws of "DOCTORS" may be amended, altered at a regular or special meeting of the members by a vote of a majority of a quorum of Directors present in person.

IN WITNESS WHEREOF, for the purpose of forming this organization under the Laws of the State of Florida, we the undersigned, constituting the organizers of "DOCTORS" have executed these Articles of Organization this 29 day of November 2004.

ROBERT DAVIDSON, DPM _____
STATE OF FLORIDA)
: SS:
COUNTY OF)

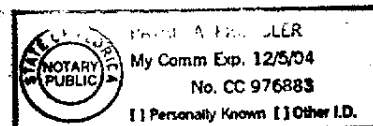
I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to make acknowledgements, personally appeared, ROBERT DAVIDSON, D.P.M. known to me to be the persons described in and who executed the foregoing instrument and they acknowledged before as that they executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this ____ day of November 2004

Notary Public
State of Florida at Large

NOTARY SEAL

My Commission Expires:

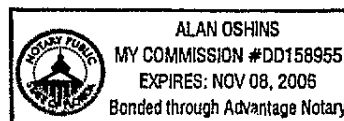


BRIAN FINKE, DPM _____
STATE OF FLORIDA)
: SS:
COUNTY OF)

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid to make acknowledgements, personally appeared, BRIAN FINKE, DPM known to me to be the persons described in and who executed the foregoing instrument and they acknowledged before as that they executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this ____ day of November 2004

Notary Public
State of Florida at Large



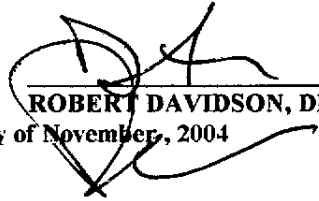
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2004 DEC -2 PM 2:10

FILED

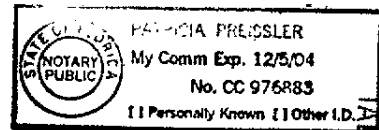
I hereby accept my designation as registered agent:

Sworn to and subscribed before me this 29 day of November, 2004


ROBERT DAVIDSON, DPM

Notary Public
State of Florida at Large

My commission expires on:



FILED
2004 DEC -2 PM 2:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA