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2004 NOV 22 P 12:41

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



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11/22/04--01015--014 \*\*160.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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**GOETZ, HARTMAN & LANDSTEINER**

A Partnership of Professional Associations  
Attorneys at Law

**FILED**

James L. Goetz, P.A.  
Norman A. Hartman, Jr., P.A.  
Karl C. Landsteiner, P.A.

2004 NOV 22 P 12:41  
2133 Winkler Avenue, Suite 300  
Post Office Box 6844  
Fort Myers, Florida 33911-6844  
Telephone (239) 936-2841  
Telefax (239) 936-4197

November 18, 2004

Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

Re: Meredyth Arnott P.T., LLC

To Whom It May Concern:

Please find enclosed the Transmittal Letter, Articles of Organization for Florida Limited Liability Company and a check in the amount of \$160.00 made payable to the Florida Department of State for the above captioned company.

Should you have any questions regarding this matter, please do not hesitate to contact me.

Very Truly Yours,



Karl C. Landsteiner, P.A.

KCL/kb  
Enclosures

**TRANSMITTAL LETTER**

**FILED**

**TO:** Registration Section  
Division of Corporations

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**SUBJECT:** MEREDYTH ARNOTT P.T., LLC.  
(Name of Limited Liability Company)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Karl C. Landsteiner, Esquire  
(Name of Person)

Karl C. Landsteiner, P.A.  
(Firm/Company)

Post Office Box 6844  
(Address)

Fort Myers, FL 33911-6844  
(City/State and Zip Code)

For further information concerning this matter, please call: 239/936-2841

Karl C. Landsteiner at ( 239 ) 936-2841  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MEREDYTH ARNOTT P.T., 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:

7645 Citrus Hill Lane  
Naples, FL 34109

7645 Citrus Hill Lane  
Naples, FL 34109

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

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

MEREDYTH LEIGH ARNOTT

Name

7645 Citrus Hill Lane

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

Naples

FL 34109

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, F.S..*



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:

**FILED**

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MGRM

Meredyth Leigh Arnott


7645 Citrus Hill Lane

Naples, FL 34109

(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.)

Meredyth Leigh Arnott

Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**