

L04000088149

(Requestor's Name)

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(Business Entity Name)

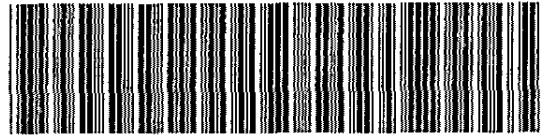
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CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Stephen P. Schraering, M.D., PLLC

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____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

Signature _____

Requested by: *WC*

Name _____

Date *12/3*

Time *12:30*

Walk-In _____

Will Pick Up _____



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

December 3, 2004

CAPITAL CONNECTION

TALLAHASSEE, FL

SUBJECT: STEPHEN P. SCHROERING, M.D., PLLC
Ref. Number: W04000044203

RE-SUBMIT
PLEASE OBTAIN THE ORIGINAL
FILE DATE
04 DEC - 3 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for STEPHEN P. SCHROERING, M.D., PLLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$125.00 payment.

Articles for a professional LLC must contain a statement of the specific professional practice - e.g. medicine -- in which the company will engage.,

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) 245-6914.

Buck Kohr
Document Specialist

Letter Number: 904A00067945

RE-SUBMIT
PLEASE OBTAIN THE ORIGINAL
FILE DATE

RECEIVED
04 DEC - 7 AM 11:00
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Stephen P. Schroering, M.D., PLLC

The specific professional practice is Orthopedics.

ARTICLE II - Address:

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

Principal Office Address:

1328 Homestead Rd., North
Suite 10
Lehigh, Acres, FL 33936

Mailing Address:

1328 Homestead Rd. North
Suite 10
Lehigh Acres, FL 33936

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

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

Donald R. Peyton

Name

7317 Little Road

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

New Port Richey FL 34654

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)

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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:

<u>MGRM</u>	<u>Stephen P. Schroering</u>
	<u>1328 Homestead Rd. North #10</u>
	<u>Lehigh Acres, FL 33936</u>

(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.)

Stephen P. Schroering
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)