

L05000003072

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 _____

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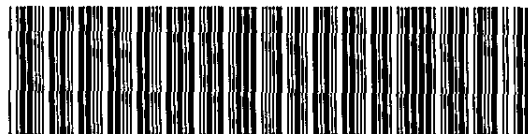
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2005 JUL 11 P 12:03
TALLAHASSEE, FL
SECRETARY OF STATE

Print. Date of bus & mailing address
Share holders
Do you want a PLC
Subscribed

W04000046753

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: GENTLE FOOT CARE 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:

DR. ROBERT DAVIDSON
(Name of Person)

GENTLE FOOT CARE LLC
(Firm/Company)

2100 E Hallandale Bch Blvd #204
(Address)

Hallandale FL 33009
(City/State and Zip Code)

For further information concerning this matter, please call:

DR DAVIDSON at (954) 458 1248
(Name of Person) (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

2015 JUN 11 P 12:03



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

December 23, 2004

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

SUBJECT: GENTLE FOOT CARE, LLC
Ref. Number: W04000046753

We have received your document for GENTLE FOOT CARE, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The enclosed document(s) does/do not meet our filing requirements. Therefore, we are enclosing our appropriate form(s) and/or instructions.

The document must contain both the street address of the principal office and the mailing address of the entity.

Do you want to be a Professional Limited Liability Company? If so you will need to add a Professional suffix (PLC, PL, PLLC or words written out in full). Limited Liability Companies do not have shareholders, organizers or subscribers.

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) 245-6913.

Diane Cushing
Document Specialist

Letter Number: 104A00071119

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

GENTLE FOOT CARE LLC

ARTICLE II - Address:

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

Principal Office Address:

2100 E BEACH BLVD #204
Hallandale FL 33009

Mailing Address:

2100 E BEACH BLVD #204
Hallandale FL 33009

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

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

DR. ROBERT DAVIDSON
Name

2100 E. BEACH BLVD #204
Florida street address (P.O. Box NOT acceptable)

Hallandale FLORIDA 33009
City, State, and Zip

RECEIVED
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2005 JUN 11 P 12:03

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:

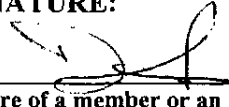
MANAGER

DR. ROBERT DAVIDSON
3100 E. BEACH BLVD #204
HOUSTON TX 77009

(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.)

DR. ROBERT DAVIDSON

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)