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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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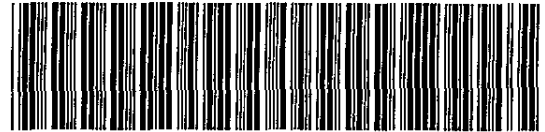
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

WR 02/15/05



WILLIAM F. GALLESE, P.A.

Attorney At Law

February 10, 2005

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314  
Attn: Lee Rivers

Dear Lee:

Enclosed please find four new transmittal letters with Articles of Organization for Florida Limited Liability Company.

These documents are being re-submitted as a follow up to your letter of July 12, 2004. See copy enclosed.

You are still in receipt of the sum of \$500.00, which was sent with our correspondence dated June 30, 2004.

Please register the respective Articles of Incorporation and apply the registration fees previously sent.

Thank you for your assistance in this matter. If I can be of any further assistance please advise.

Yours Truly,



William F. Gallese

Enclosures

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TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 8800 South Ocean Drive, 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:

William F. Gallese, Esquire  
(Name of Person)

William F. Gallese, P.A.  
(Firm/Company)

789 South Federal Highway, Suite 308  
(Address)

Stuart, Florida 34994  
(City/State and Zip Code)

For further information concerning this matter, please call:

William F. Gallese, Esquire at ( 772 ) 220-2088  
(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 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

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SECRET  
DIVISION OF STATE  
TALLAHASSEE, FLORIDA

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

8800 South Ocean Drive, 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:

123 Overlook Road  
Newton, New Jersey 07860  
\_\_\_\_\_

#### Mailing Address:

123 Overlook Road  
Newton, New Jersey 07860  
\_\_\_\_\_

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

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

William F. Gallese, P.A.  
\_\_\_\_\_

Name

789 South Federal Highway, Suite 308  
\_\_\_\_\_

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

Stuart  
\_\_\_\_\_

FL 34994  
\_\_\_\_\_

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

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CLERK OF STATE

(CONTINUED)

**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:**

MGR

Joseph R. Salerno, M.D.

123 Overlook Road

Newton, New Jersey 07860

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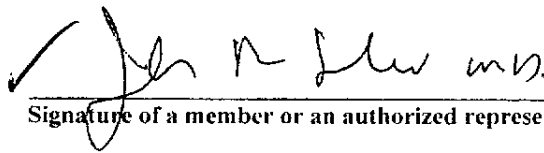
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(Use attachment if necessary)

**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.)

Joseph R. Salerno, M.D.

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)

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