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(Requestor's Name)
(Address)

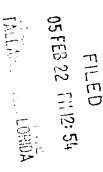
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TRANSMITTAL LETTER

TO:	Registration Se Division of Cor				
SUBJU	бСТ:		SMITH, M.D., LLC d Liability Company)		
The en	closed Articles of	Corganization and fee(s) are su	ubmitted for filing.		
Please	return all corresp	ondence concerning this matte	r to the following:		
			FLEMING, ESQ.		
		(.	value of Fersony		
			EAN, EXLEY & DUNN, P.C.		
		(1	Time Company)		
		200 EAST SA	(Address)		
			(Addicess)		
			i, GEORGIA 31401		
		(City/	State and Zip Code)	F	2
For fur	For further information concerning this matter, please call:				FIEE 22 FILIZ: 54
STEV	E PROVOST		at (912) 236-0261 (Area Code & Daytime T	Clarkon Nimbon	200 PH
	(Name	of Person)	(Alea Code & Daytime 1	elephone Number)	三 三 三 三
Enclos	sed is a check fo	r the following amount:			뒫
□ \$125	5.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	7 \$160.00 Filing Fee Certificate of Status & Certified Copy (additional copy is enclosed	
	Regist Divisio 409 E.	ET ADDRESS: ration Section on of Corporations Gaines Street assee, Florida 32399	MAILING A Registration S Division of C P.O. Box 632 Tallahassee, F	Section orporations 7	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	ny is:	
YALE R. SMITH, M.D., LLC		
ARTICLE II - Address: The mailing address and street address of the	the principal office of the Limited Liability Compar	ıy is:
Principal Office Address:	Mailing Address:	
23267 DELAVAN AVENUE	23267 DELAVAN AVENUE	
PORT CHARLOTTE, FL 33954	PORT CHARLOTTE, FL 33954	
N 23267 DELA Florida stree	R. SMITH Name AVAN AVENUE ret address (R.O. Box NOT acceptable)	FILED
PORT CHARLOT City, St	State, and Zip	_
liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complet accept the obligations of my position as	nd to accept service of process for the above stated lind in this certificate, I hereby accept the appointment of pacity. I further agree to comply with the provisions are performance of my duties, and I am familiar with a registered agent as provided for in Chapter 608, F.S. gent's Signature	as of all and

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>		Name and Address:		
"MGR" = Manage				
"MGRM" = Mana	ging Member			
MGRM		YALE R. SMITH, M.D.		
		23267 DELAVAN AVENUE	_	
		PORT CHARLOTTE, FL 33954	_	
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(Use attachment if	necessary)	\		
(301 400000000000000000000000000000000000	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	\		
NOTE: An additi	ional article must be	added if an effective date is requested.		
DEALIDED SIC	NATED D.	\		
REQUIRED SIG	NATURE:	1		
) /			
_				
S	Signature of a member or	an authorized representative of a member.	0	
		n 608.408(3), Florida Statutes, the execution	3	
C	of this document conspitute that the facts stated herei	es an affirmation under the penalties of perjury in are true.)		\neg
	YALE R. SMITH, M.D.,		22	FIL
•		or printed name of signee	رۍ-	ED
Ellina Fass			05 FEB 22 PHI2: 55	U
<u>Filing Fees:</u>		CONTINUE TO SECURITION OF THE	ري	
\$125.00 Filing Fee	for Articles of Organiza	tion and Designation	் ப	

of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)