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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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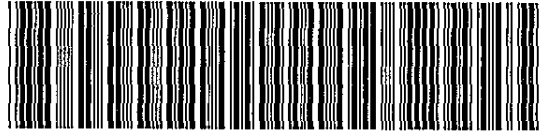
(Business Entity Name)

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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 225258 81597A

AUTHORIZATION :

*Patricia Pignatelli*

COST LIMIT : \$ 155.00

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TALLAHASSEE, FLORIDA

ORDER DATE : February 25, 2005

ORDER TIME : 11:04 AM

ORDER NO. : 225258-005

CUSTOMER NO: 81597A

CUSTOMER: Jamie B. Greusel, Esq.  
Jamie B. Greusel, Esquire

1104 North Collier Boulevard

Marco Island, FL 34145

DOMESTIC FILING

NAME: DISCULPE ENTERPRISES, LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Heather Chapman - EXT. 2908

EXAMINER'S INITIALS: \_\_\_\_\_

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

DiSculpe Enterprises, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

1104 North Collier Blvd.  
Marco Island, FL 34145

**Mailing Address:**

1104 North Collier Blvd.  
Marco Island, FL 34145

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

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

Jamie B. Greusel

Name

1104 North Collier Blvd.

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

Marco Island FL 34145

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:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Jamie B. Greusel

1104 North Collier Blvd.

Marco Island, FL 34145

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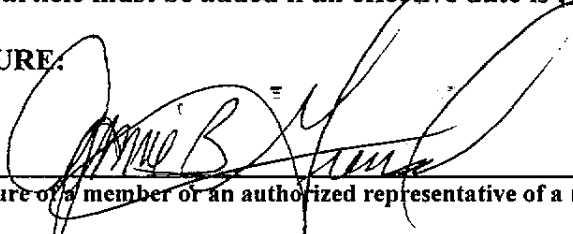
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(Use attachment if necessary)

**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.)

Jamie B. Greusel

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)**