

LOS000028290

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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W05-12080 614

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03/07/05--01041--023 **125.00

FILE
05 MAR 18 PM 1:22
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

March 8, 2005

BEVERLY MESCH
4020 DEL PRADO BLVD. S.
CAPE CORAL, FL 33904

SUBJECT: BEVERLY MESCH ACUPUNCTURE, LLC
Ref. Number: W05000012080

We have received your document for BEVERLY MESCH ACUPUNCTURE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6890.

Jason Merrick
Document Specialist

Letter Number: 405A00016061

FILED
05 MAR 18 PM 1:22
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

*I've corrected the
spelling of
ACUPUNCTURE*

*Thanks!
B Mesch*

TO: Registration Section
Division of Corporations

SUBJECT: BEVERLY MESCH ^{ACUPUNCTURE} ACUPUNCTURE, 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:

BEVERLY MESCH
(Name of Person)

ACUPUNCTURE
BEVERLY MESCH ACUPUNCTURE, LLC
(Firm/Company)

4020 DEL PRADO BLVD S.
(Address)

CAPE CORAL, FL 33904
(City/State and Zip Code)

For further information concerning this matter, please call:

BEVERLY MESCH at (239) 541-0041
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---------------------------------------------------------|----------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy
(additional copy is enclosed) |
|---------------------------------------------------------|----------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------|

05 MAR 18 PM 2:28
TALLAHASSEE, FLORIDA
REGISTRATION SECTION

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ACUPUNCTURE
BEVERLY MESCH ACUPUNCTURE, LLC

ARTICLE II - Address:

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

Principal Office Address:

4020 DEL PRADO BLVD S.
CAPE CORAL, FL 33904

Mailing Address:

4020 DEL PRADO BLVD S.
CAPE CORAL, FL 33904

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

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

BEVERLY MESCH

Name

4020 DEL PRADO BLVD S.

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

CAPE CORAL, FL 33904

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.

Beverly Mesch

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

BEVERLY MESCH

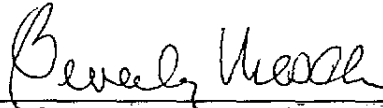
4020 DEL PRADO BLVD S.

CAPE CORAL, FL 33904

(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.)

BEVERLY MESCH

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)