

L05000090919



JEFFREY M ROSENFELD  
MELINDA A ROSENFELD  
9000 THE LANE  
NAPLES, FL 34108

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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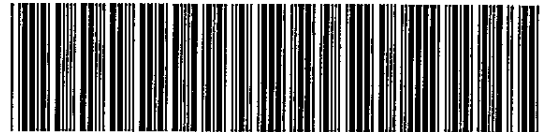
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

ER QUICK CARE LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

9000 THE LANE  
NAPLES, FL 34109

JEFF ROSENFIELD  
9000 THE LANE  
NAPLES, FL 34109

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

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

JEFF ROSENFIELD

Name

9000 THE LANE

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

NAPLES FL 34109

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.*

[Signature]

Registered Agent's Signature

FILED  
JUN 10 2010  
CLERK OF STATE  
TALLAHASSEE, FLORIDA  
JUN 10 2010  
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**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

JEFF ROSENBERG  
9000 THE LAKE  
APLES, FL 34109

MGRM

MELINDA ROSENBERG  
9000 THE LAKE  
APLES, FL 34109

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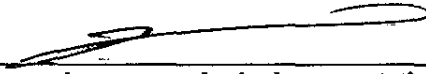
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(Use attachment if necessary)

**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.)

JEFFREY M. ROSENBERG

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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