

L050000 92841

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

[Handwritten signature]

Office Use Only



300058276933

FILED

05 SEP 21 AM 8:44

CLERK OF THE STATE
TALLAHASSEE, FLORIDA

RECEIVED

05 SEP 21 PM 2:59

CLERK OF THE STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 607923 6099A

AUTHORIZATION :

Patricia Pignato

COST LIMIT : \$ 125.00

ORDER DATE : September 21, 2005

ORDER TIME : 1:09 PM

ORDER NO. : 607923-010

CUSTOMER NO: 6099A

CUSTOMER: Martin V. Katz, Esq.
Moyle Flanigan Katz Raymond &
Sheehan, P.a.
Post Office Box 3888

West Palm Beach, FL 33402-3888

DOMESTIC FILING

NAME: ROSEMARY PROFESSIONAL CENTER,
LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Amanda Haddan - EXT. 2955
EXAMINER'S INITIALS:

05 SEP 21 AM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
ROSEMARY PROFESSIONAL CENTER, LLC**

The undersigned hereby forms and establishes a limited liability company under the laws of the State of Florida.

ARTICLE I

The name of this limited liability company is ROSEMARY PROFESSIONAL CENTER, LLC ("Company").

ARTICLE II

This limited liability company shall have the perpetual existence from the date of filing these Articles with the Department of State unless sooner terminated by law.

ARTICLE III

The mailing address and street address of the principal place of business of the Company is 375 South County Road, Suite 220, Palm Beach, FL 33480. The Company may at its discretion, at any time, change the address of its principal place of business.

ARTICLE IV

The name and street address of the initial registered agent of this Company are as follows:
Martin V. Katz , 625 N. Flagler Drive, 9th Floor, West Palm Beach, FL 33401.

IN WITNESS WHEREOF, I have hereunto subscribed my name this 20th day of September, 2005.

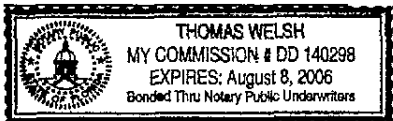
AUTHORIZED REPRESENTATIVE OF
MEMBER



MARTIN V. KATZ

STATE OF FLORIDA)
COUNTY OF PALM BEACH)

The foregoing instrument was acknowledged before me this 20th day of September, 2005, by Martin V. Katz, who is personally known to me, OR has produced _____ as identification.



(NOTARY STAMP)

Thomas Welsh
Notary Name: _____
Notary Public

I am familiar with and hereby acknowledge and accept the obligations of the Registered Agent for Rosemary Professional Center, LLC.

Martin V. Katz
Martin V. Katz
Registered Agent