

L050000104906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

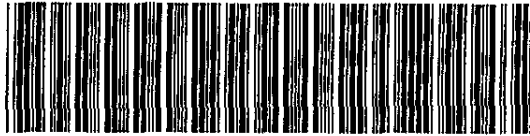
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EFFECTIVE DATE

10/17/05

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 OCT 24 AM 9:56

OCT 26 2005



HARTER • SECREST & EMERY • LLP
ATTORNEYS AND COUNSELORS

WWW.HSELAW.COM

October 19, 2005

VIA: CERTIFIED MAIL, RETURN RECEIPT REQUESTED [No. 91 7108 2133 3931 5677 0679]

Department of State
Division of Corporations
Attention: Corporate Filings
2661 Executive Center
Tallahassee, Florida 32301

Re: GI Show, LLC

Dear Gentlemen:

Enclosed for filing please find the original and one copy of the Articles of Organization for the above proposed Florida limited liability company. Also enclosed is this firm's check in the amount of \$133.72 representing payment of the following fees:

- | | | |
|--|---|----------|
| • New Florida limited liability company filing fee | - | \$100.00 |
| • Registered Agent fee | - | \$ 25.00 |
| • Certified Copy fee | - | \$ 8.75 |

Upon approval and filing of these articles, please furnish a certified copy to my attention. A self-addressed, stamped envelope is provided for this purpose.

If anything further is required, please do not hesitate to call me. Thank you for your assistance in this matter.

Respectfully submitted,

HARTER, SECREST & EMERY LLP

John S. Sarrett
Associate Attorney

DIRECT DIAL 239-598-5810
E-MAIL: JSARRETT@HSELAW.COM

JSS:
Enclosure

cc: Raymond W. Phillips, M.D. and Marian Phillips (with enclosure)
William N. La Forte, Esq. (with enclosure)
Joseph G. Casion, Jr., Esq. (with enclosure)

EFFECTIVE DATE

10/17/05

**ARTICLES OF ORGANIZATION FOR
GI SHOW, LLC
A FLORIDA LIMITED LIABILITY COMPANY**

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

05 OCT 24 AM 9:56

ARTICLE I. - Name: The name of the limited liability company is **GI SHOW, LLC.**

ARTICLE II. - Address: The mailing address and street address of the principal office of the limited liability company is:

Principal Office Address:

685 Lismore Lane
Naples, Florida 34108

Mailing Address:

685 Lismore Lane
Naples, Florida 34108

ARTICLE III. - Registered Agent, Registered Office, and Registered Agent's Signature: The name and the Florida street address of the registered agent are:

Marian Phillips
685 Lismore Lane
Naples, Florida 34108

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 property 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, Florida Statutes.

Marian Phillips

By: Marian R. Phillips
Registered Agent's Signature

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

TITLE:

NAME AND ADDRESS:

Manager

Raymond W. Phillips, M.D., 685 Lismore Lane, Naples, Florida 34108

ARTICLE V. - Effective date will be October 17, 2005.

REQUIRED SIGNATURE:

Marian R. Phillips
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.)

Marian Phillips, Member

Typed or printed name of signee