

W5000105873

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

W5-105873

(Document Number)

Certified Copies 1

Certificates of Status _____

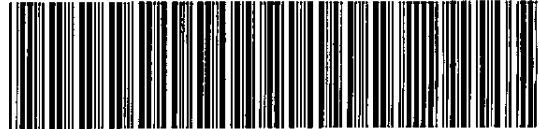
Special Instructions to Filing Officer:

10/28

FLIC

Office Use Only

MH



000060915650

10/28/05 -01032 003 **155.00

FILED

05 OCT 28 PM 3:12

STATE
TALLAHASSEE FLORIDA

**Dr. Nickolas J. Collucci
Nickolas J. Collucci, D.O., LLC
67 South Lake Drive
Palm Coast, FL 32137**

August 18, 2005

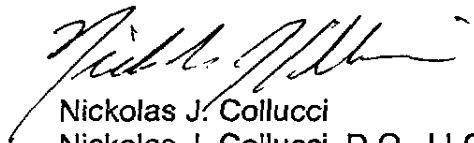
Secretary of State
Registration Section
Division of Organizations
P.O. Box 6327
Tallahassee, FL 32314

Re: Nickolas J. Collucci, D.O., LLC

Dear Sir or Madam:

Enclosed please find the original and one copy of Articles of Organization, together with a check in the amount of \$155.00. This represents the cost of the Filing Fees, Certified Copy of Articles of Organization and Fee for Registered Agent Designation for the above-named organization.

Very truly yours,



Nickolas J. Collucci
Nickolas J. Collucci, D.O., LLC

Enclosures

check stapled here

ARTICLES OF ORGANIZATION

of

NICKOLAS J. COLLUCCI, D.O., LLC

The undersigned subscriber to these Articles of Organization, a natural person competent to contract, hereby forms a limited liability company under the laws of the State of Florida.

ARTICLE I - ORGANIZATION NAME

The name of the organization is Nickolas J. Collucci, D.O., L.L.C.

ARTICLE II - DURATION

The organization shall exist perpetually unless dissolved according to Florida law.

ARTICLE III – PURPOSE and MEMBERSHIP

The organization is organized for the purpose of engaging in the practice of licensed medicine. The membership of the organization shall be limited to those licensed to practice medicine in the State of Florida.

ARTICLE IV – ORGANIZATION OFFICE

The organization's principal office address shall be as follows:

67 South Lake Drive
Palm Coast, FL 32137

The organization's mailing address shall be as follows:

67 South Lake Drive
Palm Coast, FL 32137

FILED
05 OCT 28 PM 3:12
TALLAHASSEE FLORIDA

**ARTICLE V - INITIAL REGISTERED OFFICE AND AGENT & REGISTERED
AGENT'S SIGNATURE**

The name and the Florida street address of the Initial Registered Office and Agent of this Organization is:

Nickolas J. Collucci
67 South Lake Drive
Palm Coast, FL 32137

Having been named as registered agent and to accept service of process for the above stated organization 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.



Nickolas J. Collucci

ARTICLE VI - MANAGERS

This organization shall have one (1) manager initially. The number of managers may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The name and address of the initial manager of the organization is as follows:

Nickolas J. Collucci
67 South Lake Drive
Palm Coast, FL 32137

ARTICLE VII - SIGNER

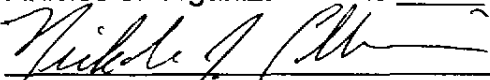
The name and address of the person signing these Articles of Organization is as follows:

Nickolas J. Collucci
67 South Lake Drive
Palm Coast, FL 32137

ARTICLE VIII – MANAGEMENT

The Limited Liability Company is to be managed by one or more managers who are also members and is, therefore, a member – managed company

IN WITNESS WHEREOF, the undersigned subscriber has executed these Articles of Organization this ____ day of August, 2005.



Nickolas J. Collucci

STATE OF FLORIDA)
COUNTY OF Flagler)

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Nickolas J. Collucci, known to me to be the person who executed the foregoing Articles of Organization, and who acknowledged before me that he executed these Articles of Organization.

IN WITNESS WHEREOF, I have hereunto ^{before} affixed my hand and seal, in the State and County aforesaid, this 26 day of August, 2005.



Notary Public, State of Florida at Large
My Commission Expires: 2/25/09

