

LOS 000 113507

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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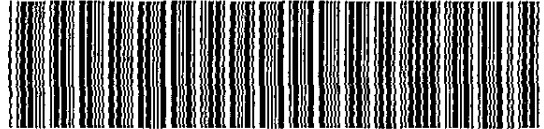
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

## TRANSMITTAL LETTER

ATX1

TO: Registration Section  
Division of Corporations

SUBJECT: MSK OF FLORIDA, 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:

ALBERT M. PEDROSI CPA  
(Name of Person)

STERLING CPA ASSOCIATES, P.C.  
(Firm/Company)

38800 VAN DYKE AVE. SUITE 300  
(Address)

STERLING HEIGHTS, MI 48312  
(City/State and Zip Code)

For further information concerning this matter, please call:

ALBERT M. PEDROSI CPA at 586.274 2965  
(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<br>& Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee<br>& Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|---|---|

**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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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MSK OF FLORIDA, LLC  
**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

ATX1

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

MSK OF FLORIDA, 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:**

MSK OF FLORIDA, LLC

9561 BELAIRE DR.

MIRAMAR, FL 33025

MSK OF FLORIDA, LLC

9561 BELAIRE DR.

MIRAMAR, FL 33025

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

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

JOHN CHAPMAN, JR.

Name

9561 BELAIRE DR.

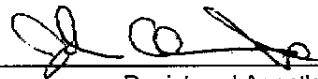
Florida street address (P.O. Box **NOT** acceptable)

MIRAMAR

FL 33025

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..*



Registered Agent's Signature

**(CONTINUED)**

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TALLAHASSEE, FLORIDA

**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:**

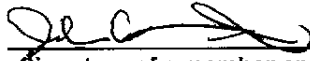
MGR

JOHN CHAPMAN, JR.

9561 BELAIRE DR.

MIRAMAR, FL 33025

(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.)

JOHN CHAPMAN, JR.

Typed or printed name of signer

**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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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