

L060000001447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

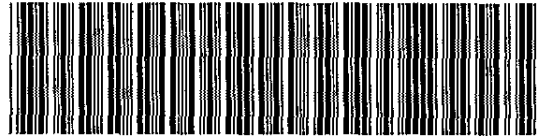
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Name  
Availability

Examiner	DCC
Updater	DCC
Director	C
Notary Registration	DCC
W. P. Vermyer	DCC

Office Use Only



100062455741

12/30/05--01012--007 \*\*125.00

FILED

2005 DEC 30 P 3:58

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# MALONE MIDDLEMAN

A Professional Corporation

Attorneys At Law  
Northridge Office Plaza  
117 VIP Drive • Suite 310  
Wexford, Pennsylvania 15090

Tel. 724-934-6888 Fax. 724-934-6866  
Writer's E-Mail Address: yurick@mlmpclaw.com

JAMES F. MALONE, III  
RAY F. MIDDLEMAN  
JOHN E. NEDLIK  
MICHAEL E. LANG\*  
BRIAN SAMUEL MALKIN+  
MICHAEL J. McSHEA  
PAUL S. GUARNIERI  
ALEXANDAR D. MALICH  
BRENDA J. YURICK~  
AARON M. DORFZAUN\*\*  
ANNE M. McARDLE  
SHARON J. MORAN  
ROBYN L. KOZLOWSKI  
DAVID A. YOUNG

ROBERT F. WAGNER  
SANFORD A. MIDDLEMAN

*Of Counsel*

\*Also Admitted in West Virginia  
+Also U.S. Patent Attorney  
~Also Admitted in Massachusetts  
\*\*Also Admitted in Florida

December 27, 2005

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

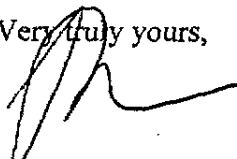
Re: DOC Hospitality Ft. Myers, LLC  
Articles of Organization

Dear Sir/Madam:

Enclosed herewith please find Articles of Organization for filing along with our firm check in the amount of \$125.

Please return confirmation of filing to the undersigned in the business reply envelope provided.

Very truly yours,



Brenda J. Yurick

/aob  
Enclosures

**FILED**  
2005 DEC 30 P 3:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I – Name:**

The name of the Limited Liability Company is:

DOC Hospitality Ft. Myers, LLC

**ARTICLE II – Address:**

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

**Principal Office Address**

2797 First Avenue, Suite 1001  
Ft. Myers, FL 33916

**Mailing Address:**

2797 First Avenue, Suite 1001  
Ft. Myers, FL 33916

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's**

**Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Phillip E. Hugh  
2797 First Avenue, Suite 1001  
Ft. Myers, FL 33916

*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.*

By: \_\_\_\_\_

Phillip E. Hugh  
Registered Agent

FILED  
2015 SEP 30 PM 3:58  
STATE OF FLORIDA  
TALLAHASSEE

**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:**

“MGR” = Manager

“MGRM” = Managing Member

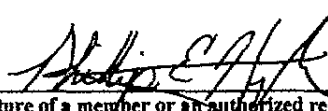
MGR

Phillip E. Hugh  
c/o DOC Hospitality, LLC, a Delaware limited  
liability company  
2797 First Avenue, Suite 1001  
Ft. Myers, FL 33916

**ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)**

**(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)**

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of 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.)

By: Phillip E. Hugh

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)**

**FILED**  
2005 DEC 30 P 3:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA