

LD6000052429

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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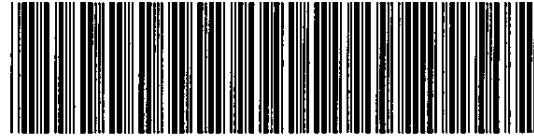
(Business Entity Name)

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DIVISION OF CORPORATIONS
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B. McKnight MAY 22 2006

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lecanto Professional Center, 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:

W. Parkinson Myers

(Name of Person)

(Firm/Company)

3340 Crenshaw Lake Road

(Address)

Lutz, FL 33548

(City/State and Zip Code)

For further information concerning this matter, please call:

W. Parkinson Myers

(Name of Person)

at (813) 963-7139

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

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

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

The undersigned Member or Authorized Representative of a Member signs these Articles of Organization and forms a limited liability company (the "**Company**") under the Florida Limited Liability Company Act (the "Act"), as follows:

**ARTICLE I.
NAME**

The name of the Company is: Lecanto Professional Center, LLC.

**ARTICLE II.
MAILING ADDRESS AND STREET ADDRESS**

The mailing address and street address of the principal office of the Company is:
3340 Crenshaw Lake Road, Lutz, Florida 33548.

**ARTICLE III.
INITIAL REGISTERED OFFICE AND AGENT**

The name and street address of the initial registered agent and office of the Company are: W. Parkinson Myers, 3340 Crenshaw Lake Road, Lutz, Florida 33548.

W. Parkinson Myers
Signature of a member or an authorized
representative of a member
W. Parkinson Myers
(Typed or printed name of signee)

ACCEPTANCE BY REGISTERED AGENT

I accept the appointment as registered Agent of the Company to accept service of process on its behalf at the place designated in these Articles of Organization. I am familiar with, and accept, the obligations of my position as registered agent as provided for in the Act.

W. Parkinson Myers
W. Parkinson Myers

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ARTICLE IV.
MANAGER(S) OR MANAGING MEMBER(S)

Title:

MGR

Name and Address:

W. Parkinson Myers
3340 Crenshaw Lake Road
Lutz, Florida 33548



Signature of a member or authorized
representative of a member.

W. Parkinson Myers

Typed or printed name of signee

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