

L06000084603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

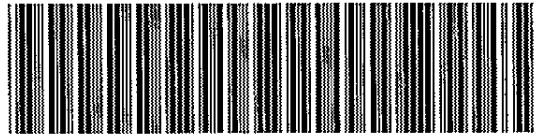
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06 AUG 28 AM 11:29

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, FL 32308

City/St/Zip

850-222-2785

Phone #

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- LIVINGSTON PROFESSIONAL CENTER, L.L.C.

2-

3-

4-

☒ Walk-in

☐ Pick-up time ASAP

☒ Certified

☐ Mail-out

☐ Will wait

☐ Photocopy

☒ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF ORGANIZATION
OF
LIVINGSTON PROFESSIONAL CENTER, L.L.C.**

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned member hereby certifies that the members have associated themselves together for the purpose of becoming a limited liability company under the laws of the State of Florida, providing for the formation, rights, privileges, and immunities of limited liability companies for profit. I further declare that the following Articles shall be the Charter and authority for the conduct of business of such limited liability company.

ARTICLE I

NAME

The name of the limited liability company shall be **LIVINGSTON PROFESSIONAL CENTER, L.L.C.** (the "Company").

ARTICLE II

ADDRESS OF PRINCIPAL PLACE OF BUSINESS

The mailing address and street address of the principal office of this Company shall be 481 Carica Road, Naples, Florida 34108.

ARTICLE III

REGISTERED AGENT

The name and address of the initial registered agent in the State of Florida is as follows: **NAPLES-LAWDOCK, INC.**, 1395 Panther Lane, Suite 300, Naples, Florida 34109.

ARTICLE IV

MANAGEMENT

The Company will be managed by members in accordance with the Company's Operating Agreement.

ARTICLE V

RESTRICTIONS ON MEMBERSHIP

Members shall have the right to admit new members upon making such contributions as are set out in the Operating Agreement, and otherwise complying with and agreeing to the terms and provisions of the Operating Agreement.

ARTICLE VI

MEMBERS' RIGHTS TO CONTINUE BUSINESS

Upon the death, bankruptcy, or other dissolution of a member, or the occurrence of any other event that terminates the continued membership of a member in the Company, the existence of the Company shall continue.

Executed by the undersigned member at Naples, Florida on the 25th day of August, 2006.


THOMAS M. TAYLOR


STATE OF FLORIDA
COUNTY OF COLLIER

This foregoing instrument was acknowledged before me this 25th day of August, 2006, by **THOMAS M. TAYLOR**, who (☒) is personally known to me or who (☐) has produced _____ as identification.

(SEAL)



Stephanie Karol
My Commission DD298624
Expires March 09, 2008


Notary Public
Print name: Stephanie Karol
My commission expires

March 9, 2008

**CERTIFICATE OF DESIGNATION OF REGISTERED OFFICE AND
REGISTERED AGENT**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA

The name of the limited liability company is **LIVINGSTON PROFESSIONAL CENTER, L.L.C.**

The name of the initial registered agent of the limited liability company is **NAPLES-LAWDOCK, INC.**, its agent to accept service of process within Florida with a registered office located at 1395 Panther Lane, Suite 300, Naples, Florida 34109.

By: 
Thomas M. Taylor

Dated: August 25, 2006

REGISTERED AGENT ACCEPTANCE

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, **NAPLES-LAWDOCK, INC.** hereby accepts the appointment as registered agent and agrees to act in that capacity. **NAPLES-LAWDOCK, INC.** further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and **NAPLES-LAWDOCK, INC.** is familiar with and accepts the obligations of its position as registered agent.

**NAPLES-LAWDOCK, INC., a Florida
corporation**

By: 
Timothy G. Hains, Its President

Dated: August 25, 2006