

L06 0000 87295

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

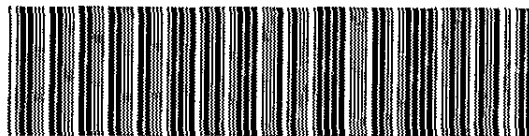
(Document Number)

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

Special Instructions to Filing Officer:

2980

Office Use Only



000079139730

08/29/06--01003--018 \*\*160.00

FILED

06 SEP - 6 AM 10:45

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

WLB-38345

9-6  
Cust

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: United Therapy Group L.L.C.

(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:

Darren Lotow

(Name of Person)

United Therapy Group L.L.C.

(Firm/Company)

19804 NE 22 Ln

(Address)

Hawthorne, FL 32640

(City/State and Zip Code)

For further information concerning this matter, please call:

Darren Lotow

(Name of Person)

at ( 352 ) 514.7920

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input 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 checked="" type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 SEP -6 AM 10:45

FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 30, 2006

DARREN LOTOW  
19804 NE 22 LN  
HOWTHORNE, FL 32640

SUBJECT: UNITED THERAPY GROUP LLC  
Ref. Number: W06000038345

We have received your document for UNITED THERAPY GROUP LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters " MGRM" in the block above the name and address of each managing member and/or the letters "MGR" in the block above the name and address of each manager listed.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas  
Document Specialist

Letter Number: 206A00053101

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 SEP -6 AM 10:45

FILED

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

United Therapy Group L.L.C.

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

### ARTICLE II - Address:

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

#### Principal Office Address:

19804 NE 22 Ln

Hawthorne, FL 32640

#### Mailing Address:

19804 NE 22 Ln

Hawthorne, FL 32640

### 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 are:

Darren Lotow

Name

19804 NE 22 Ln

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

Hawthorne, FL 32640

FL

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 (REQUIRED)

(CONTINUED)

Page 1 of 2

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 SEP -6 AM 10:46

FILED

**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:**

MGRM

Darren Lotow  
19804 NE 22 Ln  
Hawthorne, FL 32640

MGRM

George Pasteur  
174 Willis Street  
Westminster, MD 21157

MGRM

Catherine Lotow  
19804 NE 22 Ln  
Hawthorne, FL 32640

MGRM

Kristina Pasteur  
174 Willis Street  
Westminster, MD 21157

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 SEP - 6 AM 10:46

FILED

(Use attachment if necessary)

**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 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.)

Darren Lotow, MGRM

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)