

LO7000005340

(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:

AL

Office Use Only



600083812326

01/12/07--01008--025 **125.00

FILED

2001 JAN 12 P 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DAVID L. WILDMAN, P.A.

ATTORNEY AT LAW

25 W. NEW HAVEN AVENUE
POST OFFICE BOX 1029
MELBOURNE, FLORIDA 32902
TELEPHONE (321) 723-1617
FACSIMILE (321) 724-8282
Email: dwildmanpa@aol.com

January 10, 2007

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

Re: Restoration Medicine, LLC

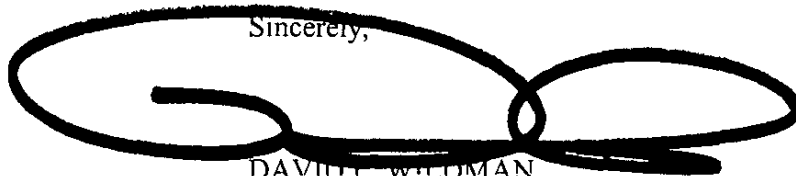
Gentlemen:

The enclosed Articles of Organization and check for fees (\$125.00) are submitted for filing.

Please return all correspondence concerning this matter to me at my address.

Please contact me if you have any questions.

Sincerely,

A large, stylized handwritten signature in black ink, appearing to be 'David L. Wildman', written over the printed name.

DAVID L. WILDMAN

DLW/sac
Enclosures

FILED
2007 JAN 12 PM 3:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

RESTORATION MEDICINE, LLC

(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:

2006 Misty Harbor Place

Merritt Island, FL 32952

Mailing Address:

P.O. Box 542871

Merritt Island, FL 32954-2871

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:

LANCE A. MAKI

Name


2006 Misty Harbor Place

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

Merritt Island, FL 32952

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

FILED
2007 JAN 12 P 3:27
SECRETARY OF STATE
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:

MGRM

LANCE A. MAKI

2006 Misty Harbor Place

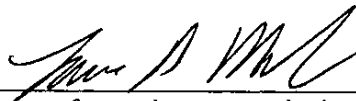
Merritt Island, FL 32952

(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 90 business days prior to or 90 days after the date of filing.)

FILED
2001 JAN 12 P 3:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.)

LANCE A. MAKI

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)