Division of Corporations

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### Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6383

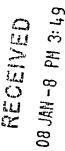
Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone

: (305)634-3694

Fax Number

: (305)633-9696





#### DR. MAUREEN SMITH, LLC

Certificate of Status	0	
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Estimated Charge	\$125.00	

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1 of 1

**EXAMINER** 

1/8/2008 3:41 PM

EMPIRE CORP KIT

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## H08000005872

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

ARTICLE I - Name:	•	
The name of the Limited Liability Company is:		
Dr. Maureen Smith, LLC		
(Must end with the words 'Limited Liabilit	y Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Compa	ny is:
Principal Office Address:	Mailing Address:	
520 Middle River Drive		
Fort Lauderdale, FL 33304		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)		OB JAN -8 AM
The name and the Florida street address of the re-	gistered agent are:	2 2
Richard A. Josepher	<del></del>	<b>6</b>
Name		3
2404 Comercia Divid	Cuita 407	

2101 Corporate Bivg., Suite 10/

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

Boca Raton 33431

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

080000058

## H08000005873

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Marcan Smith

520 Middle River Drive

Fort Lauderdale, FL 33304

(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.)

Richard A. Josepher

ARTICLE IV- Manager(s) or Managing Member(s):

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 Cartificate of Status (Optional)

Page 2 of 2

H08000005873