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To:

Division of Corporations

: (850)617-6383 Fax Number

: EMPIRE CORPORATE KIT COMPANY Account Name

Account Number: 072450003255

Phone (305)634-3694

Fax Number (305) 633-9696

### LORIDA/FOREIGN LIMITED LIABILITY CO.

DR. DAVID H. SMITH, LLC

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Certificate of Status	0
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Estimated Charge	\$125.00

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**EXAMINER** 

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Corporate Filing Menu

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EMPIRE CORP KIT



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### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

STATE OF OTTOM STREET, ON A STATE OF STREET, STATE OF STATE OF STREET, STATE OF S	PALTI	
ARTICLE 1 - Name:		
The name of the Limited Liability Company is:		
Dr. David H. Smith, LLC		
(Must and with the words "Limited Liability Company, "LL.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Comp	any is	;
Principal Office Address: Malling Address:		
2101 Corporate Blvd., Suite 107		
Baca Reton, FL 33421		
		0
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company control nerve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)	O8 JAN	NUSION SECRE
The name and the Florida street address of the registered agent are:	တ	<u> </u>
Richard A. Josepher		
Name	ĀĦ IO:	·
2101 Corporate Blvd., Suite 107	<del></del>	
Florida street address (P.O. Box NOT acceptable)	ယ	÷ !"
Boca Raton <sub>FL</sub> 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 Sent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

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ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager "MGRM" = Managing Men	cher
MOR	Richard A. Josepher
	2101 Corporate Bivd., Suite 107
	Acea Reton, FL 33431
MGR	Marvin C. Gutter
	2101 Corporate Blvd., Suite 107
	Boca Ration, FL 33431
(Use attachment if necessary	
CLE V: Effective date, if other frective date is listed, the date of filing.	r than the date of filing: (OPTIONAte must be specific and cannot be more than five husiness day)
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 panalties of perjury that the facts stated herein are true.)

Richard A. Josepher

Typed or printed name of signed

#### Filing Face;

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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