

LD8000048591

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

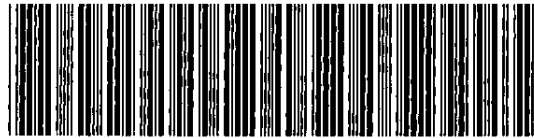
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Robin GAVE
AUTHORIZATION BY PHONE TO
CORRECT Art V
DATE 5/15/08
DOC. EXAM. _____

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05/14/08--01040--017 **130.00

EFFECTIVE DATE
5/7/08

FILED
08 MAY 14 AM 11:49
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. Oetiggen MAY 15 2008

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pelvic Floor Store, LLC.

(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:

Robin H. Jermaine

(Name of Person)

Pelvic Floor Store, LLC.

(Firm/Company)

14701 CANOPY DRIVE

(Address)

TAMPA, FL. 33626

(City/State and Zip Code)

For further information concerning this matter, please call:

Robin Jermaine

(Name of Person)

at (727) 417-2899

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Pelvic Floor Store, LLC.

(Must end with the words "Limited Liability Company," "LLC," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

14701 CANOPY DRIVE
TAMPA, FL 33626

Mailing Address:

Same "

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:

Robin H. Jermaine
Name

14701 CANOPY Drive
Florida street address (P.O. Box **NOT** acceptable)

TAMPA, FL 33626
City, State, and Zip

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TALLAHASSEE FLORIDA

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)

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

Joshua H. Jermaine
14701 CANOPY Drive
TAMPA, FL 33626

MGR

Robin H. Jermaine
14701 CANOPY Drive
TAMPA, FL 33626

MGR

PHYLLIS HART
14701 CANOPY Drive
TAMPA, FL 33626

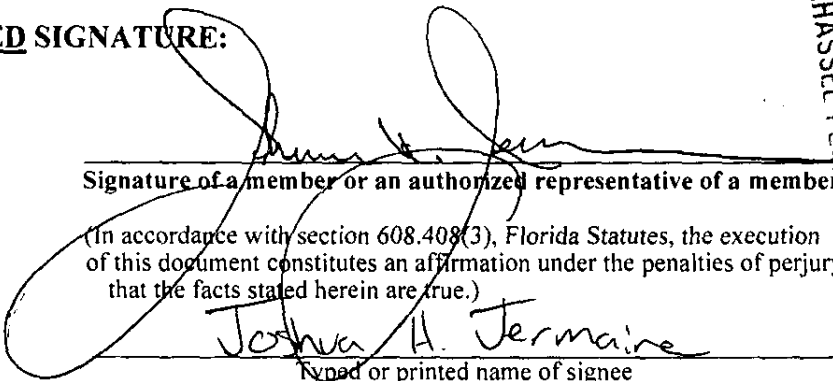
MGR

Dr. STUART HART
14701 CANOPY Drive
TAMPA, FL 33626

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 5/7/08 (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.)

Joshua H. Jermaine
Typed or printed name of signer

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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)