

LU8000059789

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

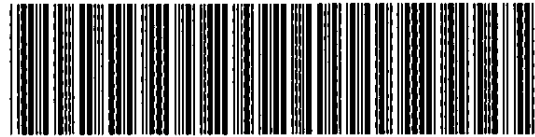
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900131383689

06/18/08--01022--018 **155.00

RECEIVED

08 JUN 18 AM 11:32

DEPT. OF REVENUE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

08 JUN 18 PM 2:25

TALLAHASSEE, FLORIDA
STATE

B. KOHR

JUN 18 2008

EXAMINER

ATTORNEYS' TITLE

Requestor's Name

1965 Capital Circle NE, Suite A

Address

Tallahassee, Fl 32308

City/St/Zip

850-222-2785

Phone #

FILED
08 JUN 18 PM 2:25
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- Lakeside Dermatology, LLC

2-

3-

4-

☒ Walk-in

☐ Pick-up time ASAP

☒ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION

<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF ORGANIZATION
FOR
LAKESIDE DERMATOLOGY, LLC,
A Florida Limited Liability Company**

FILED
08 JUL 18 PM 2:23
TALLAHASSEE, FLORIDA

The undersigned, desiring to form a limited liability company under and pursuant to Chapter 608, Florida Statutes, the Florida Limited Liability Company Act, does hereby adopt the following Articles of Organization for such Company:

ARTICLE I

Name

The name of this Company shall be ***LAKESIDE DERMATOLOGY, LLC***.

ARTICLE II

Duration

The term of existence of the Company shall commence upon the filing of these Articles of Organization and shall be perpetual.

ARTICLE III

Mailing Address

The mailing address is **727 U.S. Highway 27 South, Sebring, Florida 33870**. The street address is **727 U.S. Highway 27 South, Sebring, Florida 33870**.

ARTICLE IV

Registered Agent and Office

The name and street address of the initial registered agent and office for this Company is as follows: **Michael J. Rogers, 727 U.S. Highway 27 South, Sebring, Florida 33870**.

ARTICLE V

**Admission of Additional Members;
Terms and Conditions of such Admissions**

Additional Members may be admitted upon unanimous consent of the Member(s) of the Company, upon the written application of such new Member, in the manner set forth in the Operating Agreement of this Company.

ARTICLE VI
Right to Continue Business

If, but for the exercise of the right to continue the Company's business, as specified below, the death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member, or the occurrence of any other event which terminates the continued membership of a Member in the Company, shall cause the dissolution of the Company, then the business of the Company shall continue (without dissolution) if elected in writing within ninety (90) days of the occurrence of such event by any remaining Member.

ARTICLE VII
Management by Members

The Company will be managed by its Member(s). The name and address of the initial Managing Member is: **Michael J. Rogers, 727 U.S. Highway 27 South, Sebring, Florida 33870.**

ARTICLE VIII
Operating Agreement of Company

The power to adopt, alter, amend or repeal the Operating Agreement of the Company shall be vested in the Member(s).

ARTICLE IX
Informal Action of Members

Any action of the Member(s) may be taken without a meeting if consent in writing setting forth the action so taken shall be signed by all Members who would be entitled to vote upon such action at a meeting and filed with the Company as part of its records.

ARTICLE X
Transferability of Member's Interest

An interest of a Member of this Company may be transferred or assigned only to such extent and in the manner provided in the Operating Agreement.

IN WITNESS WHEREOF, the undersigned has hereunto set her hand this 13th day of June, 2008.

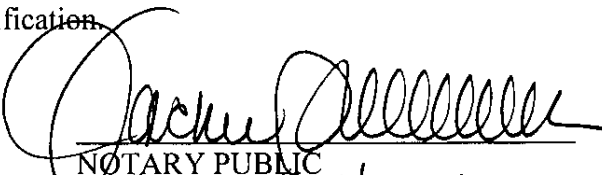


MICHAEL J. ROGERS

STATE OF FLORIDA
COUNTY OF POLK

The foregoing instrument was acknowledged before me this 13th day of June, 2008, by
MICHAEL J. ROGERS, who [] is personally known to me or [☒] produced
a FL driver's license as identification.

(SEAL)


NOTARY PUBLIC
Jackie S. Hoverkamp

Print Name of Notary

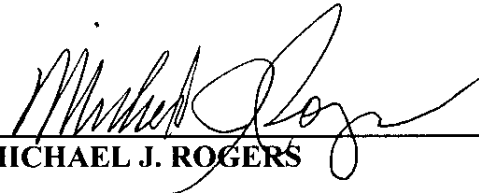
My Commission Expires:



Jackie S. Hoverkamp
Commission # DD367891
Expires November 19, 2008
Bonded Troy Fain - Insurance, Inc. 800-385-7019

STATEMENT OF REGISTERED AGENT


Having been named as Registered Agent and to accept service of process for **LAKESIDE DERMATOLOGY, LLC, a Florida limited liability company**, 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 in Chapter 608, Florida Statutes.


MICHAEL J. ROGERS

STATE OF FLORIDA
COUNTY OF POLK

The foregoing instrument was acknowledged before me this 13th day of June, 2008, by **MICHAEL J. ROGERS**, who [] is personally known to me or [✓] produced a FL driver's license as identification.

(SEAL)


NOTARY PUBLIC
Jackie S. Hoverkamp
Print Name of Notary

My Commission Expires



Jackie S. Hoverkamp
Commission # DD367891
Expires November 19, 2008
Bonded Tray Fair - Insurance, Inc. 800-385-7019