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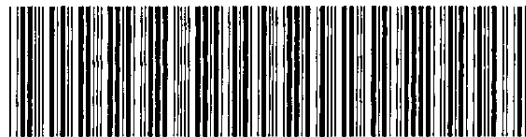
(Business Entity Name)

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DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
FILED
08 JUN 20 PM 3:25 2008 JUN 20 PM 1:47
TALLAHASSEE, FLORIDA
NOT INTENDED
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SUFFICIENCY OF FILING

B. KOHR

JUN 20 2008

EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS) ,
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: ASHLEY SMITH

DATE: 06-20-2008

REF. #: 000174.88579

CORP. NAME: STEVEN L. HALBREICH, M.D., P.L.

FILED
08 JUN 20 PM 3:25
TALLAHASSEE, FLORIDA

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 1015 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
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| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

ARTICLES OF ORGANIZATION

STEVEN L. HALBREICH, M.D., P.L.,
a Florida professional limited liability company

FILED
08 JUN 20 PM 3:25
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The business and affairs of the Professional Limited Liability Company shall be conducted under the name of:

STEVEN L. HALBREICH, M.D., P.L.

ARTICLE II PRINCIPAL OFFICE

The street address and mailing address of the principal place of business of the Professional Limited Liability Company within the State of Florida shall be:

1921 Waldemere Street, Suite 504
Sarasota, Florida 34239

ARTICLE III INITIAL REGISTERED AGENT/OFFICE

The registered office of the Professional Limited Liability Company and its initial registered agent shall be:

Benjamin R. Hanan
240 South Pineapple Avenue, 10th Floor
Sarasota, Florida 34236

ARTICLE IV MANAGEMENT AND POWERS

The business and affairs of the Professional Limited Liability Company shall be managed by one or more Managers elected as provided in the Regulations of the Professional Limited Liability Company.

ARTICLE V
PURPOSES

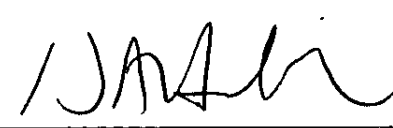
The purposes of the Professional Limited Liability Company are to engage in the practice of medicine and any activity or business permitted under the laws of the United States and the State of Florida.

19th IN WITNESS WHEREOF, these Articles of Organization have been executed as of the day of June, 2008.

WITNESSES:



Print Name: _____



Steven L. Halbreich



Print Name: _____

“MANAGER”

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415 of the Florida Statutes, the undersigned Professional Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the Professional Limited Liability Company is:

STEVEN L. HALBREICH, M.D., P.L.
2. The name and the Florida street address of the registered agent are:

Benjamin R. Hanan
240 South Pineapple Avenue, 10th Floor
Sarasota, Florida 34236

Having been named 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Date: _____

06/19/08



Benjamin R. Hanan

“REGISTERED AGENT”