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(F	Requestor's Name)
(A	Address)
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PICK-UP	WAIT · MAIL
(E	Business Entity Name)
(C	Document Number)
Certified Copies	Certificates of Status
Special Instructions t	o Filing Officer:
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B. KOHR

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EXAMINER



CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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Will Pick Up

Walk-In

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Art of Inc. File
LTD Partnership File
Foreign Corp. File
L.C. File
Fictitious Name File
Trade/Service Mark
Merger File
Art. of Amend. File
RA Resignation
Dissolution / Withdrawal
Annual Report / Reinstatement
Cert. Copy
Photo Copy
Certificate of Good Standing
Certificate of Status
Certificate of Fictitious Name
Corp Record Search
Officer Search
Fictitious Search
Fictitious Owner Search
Vehicle Search
Driving Record
UCC 1 or 3 File
UCC 11 Search
UCC 11 Retrieval
Courier

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M	D Lueta	ert +
A 5	sociates,	LLC

Walk-In

Will Pick Up

			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
		<u></u>	L.C. File
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	4049		Dissolution / Withdrawal
			Annual Report / Reinstatement
			Cert. Copy
		<u> </u>	Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
			Vehicle Search
Requested by: SH 7//	12',00		Driving Record
			UCC 1 or 3 File
Name Date			UCC 11 Search
Name Date	Time		UCC 11 Retrieval

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY ARTICLE I - Name: The name of the Limited Liability Company is: M. D. LUET BERT & A >= PEIATES, LLC. ARTICLE II - Address:
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: 3808 W. SAN NICHOLAS ST. TAMPA, FL. 33629.
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are: M.D. LyETERT Name L512 S - BA/S HORE BLWL Florida street address (P.O. Hox NOT acceptable) TAMPA FL 3361/ 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
Article IV - Management (Check box if applicable) The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.
(An additional article must be added if an effective date is requested) Signature of a member of 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 berein are true.)
M.D. LUET & ETCT Typed or printed name of signee

Filing Fors:
\$199,00 Filing Fee for Articles of Organization
\$ 25,00 Designation of Registered Agent
\$ 30,00 Certified Copy (Optional)
\$ 5,00 Certificate of Status (Optional)