

LD8000082143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

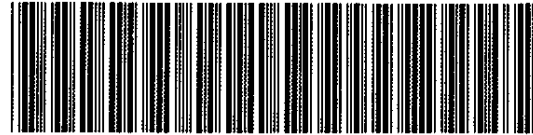
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Special Instructions to Filing Officer:

LD8000038920

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08/20/08--01004--008 **375.00

FILED
08 AUG 27 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

AUG 28 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: STUART P. BERK, MD, PLC
(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:

MATTHEW J. MONAGHAN, ESQ.
(Name of Person)

HOWZE, MONAGHAN, THORAC; KRAMER, PLC
(Firm/Company)

96 WILLARD ST., STE. 302
(Address)

COCOA, FL 32922
(City/State and Zip Code)

For further information concerning this matter, please call:

MARY K. HARTNEY at (321) 639-1320 EXT 247
(Name of Person) (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

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 20, 2008

MATTHEW J. MONAGHAN, ESQ.
HOWZE, MONAGHAN, THERIAC & KRAMER, PLC
96 WILLARD ST., STE 302
COCOA, FL 32922

SUBJECT: STUART P. BERK, MD, PLC
Ref. Number: W08000038920

We have received your document for STUART P. BERK, MD, PLC and your check(s) totaling \$375.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

The specific purpose of the entity must be set forth in the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 708A000467

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

*See attached for
Thank You*

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

STUART P. BERK, MD, PLC

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

ARTICLE II - Address:

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

Principal Office Address:

31 COUNTRY CLUB RD
COCOA BEACH, FL 32931

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:

STUART P. BERK, MD

Name

31 COUNTRY CLUB RD

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

COCOA BCH FL 32931

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.

Stuart P. Berk, MD.

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

MGRM

Name and Address:

STUART P. BUCK, MD
31 COUNTRY CLUB RD
COCOA BEACH, FL 32931

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TALLAHASSEE, FLORIDA

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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:

Matthew J. Monaghan Esq
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.)

MATTHEW J. MONAGHAN, ESQUIRE
Typed or printed name of signee

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)

ARTICLE VI: The purpose is to provide professional medical services.

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TALLAHASSEE, FLORIDA