

L08000082149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

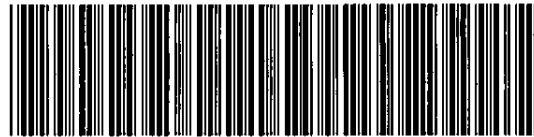
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W08000038919

Office Use Only



800134460108

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:

TODD SMITH, 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, THERIAULT & KRAMER, PC
(Firm/Company)

96 WILLARD ST, STE 302
(Address)

ORLANDO, FL 32822
(City/State and Zip Code)

For further information concerning this matter, please call:

MARY R. HARMON 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

FILED
08 AUG 27 AM 10:00
SECRETARY OF STATE
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: TODD SMITH, MD, PLC
Ref. Number: W08000038919

We have received your document for TODD SMITH, 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: 108A00046753

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

*See attached completed for
Thank You*

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TODD SMITH, MD, PLLC

(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:

1425 SCHADWELL CIR
LAKE MARY FL 32765

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:

TODD SMITH, MD
Name

1425 SCHADWELL CIR
Florida street address (P.O. Box **NOT** acceptable)

LAKE MARY FL 32765
City, State, and Zip

FILED
08 AUG 27 AM 10:00
SECRETARY OF STATE
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.

TODD SMITH, MD
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 3

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:

TODD SMITH, MD
1425 SCHADWELL CIR
LAKE MARY FL 32765

(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
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)

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

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

FILED

08 AUG 27 AM 10:00

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**