

W08000087859

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

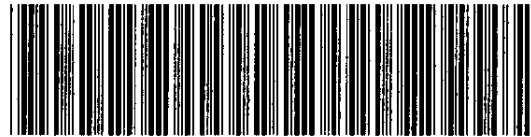
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TALLAHASSEE, FLORIDA

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M. THOMAS

SEP 17 2008

EXAMINER

W08-40895



THE COOPER LAW FIRM

A Professional Association
100 West Call Street, Suite A • Starke, Florida 32091

August 26, 2008

Registration Section
Division of Corporations
State of Florida
Post Office-Box 6327
Tallahassee, Florida 32314

Re: MICHAEL SCHLOFMAN, OD, PLLC

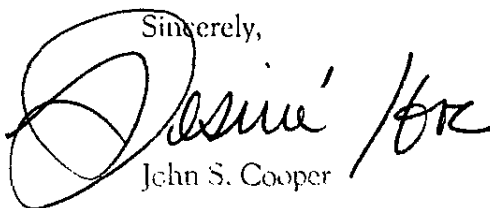
Dear Sir/Madam:

Please find enclosed the original and one copy of the Articles of Organization for MICHAEL SCHLOFMAN, OD, PLLC. Also enclosed is my firm's check in the amount of \$125.00 to cover the cost of filing same.

Upon filing the articles, please return a copy of same to the address above.

Your assistance in this matter is greatly appreciated. Should you need any further information, please do not hesitate to contact me.

Sincerely,


John S. Cooper

JSC/dm
Enclosures

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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 3, 2008

THE COOPER LAW FIRM
100 WEST CALL STREET, STE A
STARKE, FL 32091

SUBJECT: MICHAEL SCHLOFMAN, OD, PLLC
Ref. Number: W08000040895

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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We have received your document for MICHAEL SCHLOFMAN, OD, PLLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A brief description of the entity's nature of business must be included 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) 245-6097.

Marsha Thomas
Regulatory Specialist II

Letter Number: 708A00048517

**ARTICLES OF ORGANIZATION
FOR
FLORIDA PROFESSIONAL LIMITED LIABILITY COMPANY**

**ARTICLE I
NAME**

The name of Limited Liability Company is: **MICHAEL SCHLOFMAN, OD, PLLC.**

**ARTICLE II
ADDRESS**

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

PRINCIPAL OFFICE ADDRESS:

1105 SOUTH WALNUT STREET
STARKE, FLORIDA 32091

MAILING ADDRESS:

POST OFFICE BOX 190
STARKE, FLORIDA 32091

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TALLAHASSEE, FLORIDA

**ARTICLE III
GENERAL NATURE OF BUSINESS**

This corporation is organized for the following purposes:

- A. To provide professional optometric and other eye care related services; and
- B. To engage in any lawful business authorized under the laws of the State of Florida.

**ARTICLE IV
REGISTERED AGENT, REGISTERED OFFICE,
& REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are:

MICHAEL SCHLOFMAN, OD
1105 SOUTH WALNUT STREET
STARKE, FLORIDA 32091

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.


MICHAEL SCHLOFMAN
REGISTERED AGENT

ARTICLE V
MANAGERS OR MANAGING MEMBERS

The name and address of each Manager or Managing Member is as follows:

TITLE:

MGR

NAME AND ADDRESS:

MICHAEL SCHLOFMAN, OD
1105 SOUTH WALNUT STREET
STARKE, FLORIDA 32091

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE VI
EFFECTIVE DATE

Effective date, if other than the date of filing: NOT APPLICABLE.

REQUIRED SIGNATURE:


Signature of 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.)

MICHAEL SCHLOFMAN, OD
PRINTED NAME OF SIGNEE