

L08000098830

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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2008 OCT 20 AM 11:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
OCT 21 2008
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bevlyn Sagon, Ph.D., LLC
(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:

Bevlyn Sagon, PhD
(Name of Person)

(Firm/Company)

4499 North Federal Highway, Suite 208D
(Address)

Pompano Beach, FL 33064
(City/State and Zip Code)

For further information concerning this matter, please call:

Bevlyn Sagon at 954-464-4849
(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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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
SECRETARY
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Bevlyn Sagon Ph.D. LLC

(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:

4699 North Federal Highway
Suite 208 D
Pompano Beach, FL 33064

Mailing Address:

4699 North Federal Highway
Suite 208 D
Pompano Beach, FL 33064

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:

Bevlyn Sagon, Ph.D.

Name

4699 North Federal Highway, Suite 208D

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

Pompano Beach FL 33064

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..

Bevlyn Sagon, Ph.D.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s):

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

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Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGR

Bevlyn Sagon, PhD
11099 North Federal Highway, Suite 208D
Pompano Beach, FL 33064

(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:

Bevlyn Sagon PhD
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.)

Bevlyn Sagon PhD
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)