

LD90000022852

(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:

L. SELLERS

MAR. - 9 2009

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE FLORIDA



DR. ILYNE KOBRIN
CHIROPRACTIC NEUROLOGY

223 Airport Road South • Naples, FL 34104 • PHONE: 239.263.3330 • FAX: 239.263.7492

February 27, 2008

Florida Department of State
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

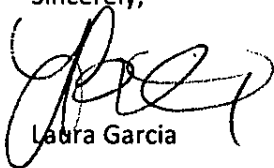
Re: LLC

Sir/ Madam

Please find enclosed an application for Florida Limited Liability Company and check in the amount of \$125.00 for filing fee.

If you have any questions please do not hesitate to call me at 239.263.3330

Sincerely,



Laura Garcia

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: EXCLUSIVE WELLCARE 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:

Dr. Ilyne Kobrin
(Name of Person)

EXCLUSIVE WELLCARE LLC
(Firm/Company)

223 Airport Road S
(Address)

Naples FL 34104
(City/State and Zip Code)

For further information concerning this matter, please call:

Laura Garcia at (239) 263-3330
(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EXCLUSIVE WELLCARE 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:

223 Airport Road S.
Naples FL 34104

Mailing Address:

223 Airport Road S.
Naples FL 34104

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:

Dr. Ilyne H. Kaborin

Name

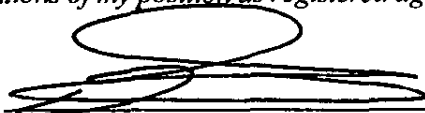
223 Airport Road S.

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

Naples FL 34104

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 (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:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

Mgr

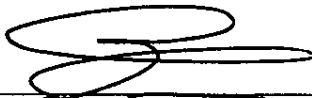
Ilyne H. Kobrin
223 Airport Road S
Naples FL 34104

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: March 1, 2009 (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:



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.)

Ilyne H. Kobrin

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)

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