

L09000031010

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(Business Entity Name)

(Document Number)

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2009 MAR 30 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS

MAR 18 2009

EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: **GOLDMAN CHIROPRACTIC PL**
(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:

CHRISTOPHER J CONA ESQ

(Name of Person)

TREISER COLLINS PL

(Firm/Company)

3080 TAMIAMI TRAIL EAST

(Address)

NAPLES, FLORIDA 34112

(City/State and Zip Code)

For further information concerning this matter, please call:

CHRISTOPHER J CONA ESQ at (**239**) **649 4900**
(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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 18, 2009

CHRISTOPHER J CONA ESQ
3080 TAMiami TRAIL EAST
NAPLES, FL 34112

SUBJECT: GOLDMAN CHIROPRACTIC PL
Ref. Number: W09000012853

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

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

Please return the corrected original and one copy of 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) 245-6047.

Carolyn Lewis
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 909A00009251

ARTICLES OF ORGANIZATION
OF
GOLDMAN CHIROPRACTIC PL

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - NAME

The name of the limited liability company is **GOLDMAN CHIROPRACTIC PL**,
("company").

ARTICLE II - ADDRESS

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

Principal Office Address:

3467 Pine Ridge Road, #102
Naples, Florida 34109

Mailing Address:

Same as principal

ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

Treiser Collins PL
C/O Christopher J Cona Esq
3080 Tamiami Trail East
Naples, Florida 34112

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..



Christopher J Cona Esq

ARTICLE IV - MANAGERS OR MANAGING MEMBERS

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TALLAHASSEE, FLORIDA

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

Title:

Name and Address:

"MGR" = Manager

"MGMR" = Managing Member

MGMR

James Wells Goldman
5049 Rustic Oaks Circle
Naples, Florida 34105


ARTICLE V - EFFECTIVE DATE

The effective date of the company shall be the Date of Filing

ARTICLE VI- SPECIFIC PURPOSE

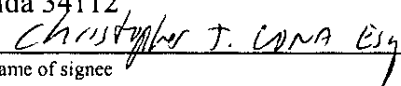
The specific purpose of the company is: providing chiropractic/health services.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member *-As representative of company*

(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.)

Christopher J Cona Esq
Treiser Collins PL
3080 Tamiami Trail East
Naples, Florida 34112


Typed or printed name of signee