

L090000042940

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

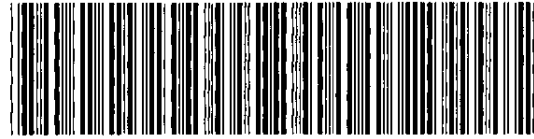
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



600153103566

05/04/09--01023--006 **155.00

RECEIVED
09 MAY -4 PM 1:59
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR
MAY -5 2009
EXAMINER

FILED
09 MAY -4 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ATTORNEYS' TITLE

Requestor's Name

2590 N 12th St Pensacola FL Escambia Branch
Address

City/St/Zip Phone #
800-327-7696

5/4/2009

Ck for

\$155 # 6614

21-09-143

FILED
09 MAY -4 AM 8:15
TALLAHASSEE, FLORIDA

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

- 1- 3364 WOODS EDGE LLC
- 2-
- 3-
- 4-

- Walk-in
- Pick-up time _____
- Certified Copy
- Mail-out
- Will wait
- Photocopy
- Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials cgc

**ARTICLES OF ORGANIZATION OF
3364 WOODS EDGE, LLC.
a Florida Limited Liability Company**

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09 MAY -4 AM 8:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

**ARTICLE I
Name of Company**

The name of the limited liability company (hereinafter referred to as the "Company") is: 3364 Woods Edge, LLC.

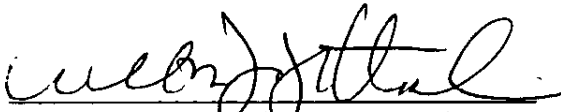
**ARTICLE II
Address of Company**

The mailing address and street address of the principal office of the Company is: 990 Tamiami Trail North, Naples, Florida 34102.

**ARTICLE III
Registered Agent and Office**

The name of the Company's initial registered agent in Florida is: William M. Figlesthaler, M.D.; and the address of the Company's registered agent in Florida is: 990 Tamiami Trail North, Naples, Florida 34102.


Dated this ____ day of April, 2009.


William M. Figlesthaler, M.D., Member

ACCEPTANCE BY REGISTERED AGENT

Having been named as registered agent to accept service of process for the above-stated Company, at the place designated in these Articles of Organization, the undersigned hereby agrees to act as registered agent, and states that the undersigned is familiar with, and accepts, the obligations of registered agent as provided for under applicable Florida statutes.

Dated this 27 day of April, 2009.

By: 
William M. Figgesthaler, M.D.
Registered Agent