

LD9000085862

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

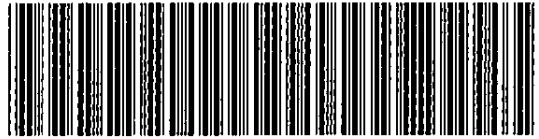
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

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SEP - 4 2009

EXAMINER

GARY F. RITTER
ATTORNEY AT LAW
24341 COPPERLEAF BOULEVARD
BONITA SPRINGS, FLORIDA 34135
TEL: (239) 390-0081
gritteagle@aol.com

September 1, 2009

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

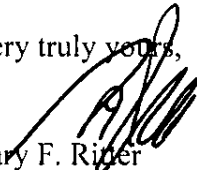
RE: Dr. Laura Plaza, LLC

Dear Sir or Madam:

I enclose Cover Letter and Articles of Organization for the above named limited liability company. I also enclose my check in the amount of \$155.00 and a self addressed stamped envelope. After the company is registered please send me the certified copy of the Articles of Organization. Should you have any questions please advise.

Thank you for your cooperation.

Very truly yours,


Gary F. Ritter

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Dr. Laura Plaza, 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:

Gary F. Ritter, Esq.
Name of Person

Firm/Company

24341 Copperleaf Boulevard
Address

Bonita Springs, Florida 34135
City/State and Zip Code

lebdvm@earthlink.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Gary F. Ritter
Name of Person

at (239) 390-0081
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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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Dr. Laura Plaza, 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:

1031 NE Pine Island Road
Cape Coral, FL 33909

Mailing Address:

1031 NE Pine Island Road
Cape Coral, FL 33909

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:

Laura E. Bogert

Name

1031 NE Pine Island Road

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

Cape Coral, FL 33909

City, State, and Zip

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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)

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:

MGRM

Laura E. Bogert

1031 NE Pine Island Road

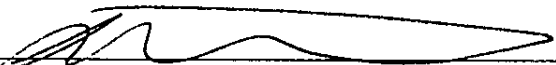
Cape Coral, FL 33909

(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:



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.)

Laura E. Bogert

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)