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T. CLINE

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EXAMINER

COVER LETTER

Registration Section

TO:

Division of	Division of Corporations				
SUBJECT:	Dr.	Hugh Janus, LLC			
	Name of Limited Liability Company				
The enclosed Article	s of Organization and fee(s) are	submitted for filing.			
Please return all corr	espondence concerning this mat	ter to the following:			
	Gor	don Holen, D.O.	· .		
		Name of Person			
		Firm/Company			
	5216	Kernwood Court			
 		Address	2009 NOV		
		Harbor, FL 34685 y/State and Zip Code	NOV 2		
	gord3	3272@hotmail.com	SE SE		
	·	for future annual report notification)	PH 12: 54		
For further information	on concerning this matter, please	e call:	NA V		
	on Holen, D.O.	at (727) 4 Area Code & Daytime Tele	32-1645 phone Number		
Enclosed is a check	c for the following amount:				
_	e \$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	Street/Courier Address Registration Section Division of Corporations Clifton Building	S		

Tallahassee, FL 32314

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:			
Dr. Hugh Janus, 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	e principal office of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
5216 Kernwood Court Palm Harbor, FL 34685	5216 Kernwood Court Palm Harbor, Fl. 34685			
ARTICLE III - Registered Agent, Registe (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.) The name and the Florida street address of the	red Office, & Registered Agent's Signature, egistered Agent. You must designate an individual or another the registered agent are:			
	Holen, D.O.			
	nwood Court			
	P.O. Box NOT acceptable)			
Palm Harbor, FL 346	885 _{FL}			
City, Stat	re, and Zip			
liability company at the place designated registered agent and agree to act in this capa statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all e performance of my duties, and I am familiar with and egistered agent as provided for in Chapter 608, F.S			

(CONTINUED)

Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	Gordon Holen, D.O. 5216 Kernwood Court
	Palm Harbor, FL 34685
····	
	TALL TALL
	ARE 10
	EGO P M
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date	
to or 90 days after the date of filing.)	ecific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a member or	an authorized pepresentative of a member.
(In accordance with section of this document constitute that the facts stated herein a	608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury re true.)
	n, b.o.
Typed of Filing Fees:	or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)