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SECRETARY OF STATE

D. BRUCE

MAR 1 2 2010

EXAMINER

COVER LETTER

TO: Registration Division of C	Section Corporations				
SUBJECT: John D		ted Liability Company			
	Name of Limit	ted Liability Company			
The enclosed Articles	of Organization and fee(s) are	submitted for filing.			
Please return all corre	spondence concerning this mat	ter to the following:			
John C. Dry	nas MD				
<u> </u>	943, 1415	Name of Person			
	 	Firm/Company		_	
2000 011					
9306 Silvert	norn Road	Address	. سب	- =	
		Address) HAR	1
Largo, FL 33			工! 少:	70	1
	Ci	ty/State and Zip Code	ESS:	~	12-00-
dryga001@ւ	ımn.edu			요 목	IT
	E-mail address: (to be used	for future annual report notification)	FLO	AM M: I	
For further informatio	n concerning this matter, pleas	e call:	RIDA	ディ	
John C. Drygas, M	MD .	at (727) 432-3959			
Nam	e of Person	Area Code & Daytime Tele	phone 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 enclo		
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center of Tallahassee, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
John Drygas, LLC (Must end with the words "Limited Liabil	lity Company, "L.L.C.," or "LLC.")	 .
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liabilit	y Company is:
Principal Office Address:	Mailing Address:	
9306 Silverthorn Road Largo, FL 33777	9306 Silverthorn Road Largo, FL 33777	<u> </u>
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the registration. John C. Drygas, MD Name 9306 Silverthorn Road Florida street address of the registration.	stered Agent. You must designate an individual or registered agent are:	10 MAR II AM III:
Largo, FL 33777 City, St	FL ate, and Zip	DA F
Having been named as registered agent and to liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as region Registered Agent's Signature.	accept service of process for the above this certificate, I hereby accept the apply. I further agree to comply with the performance of my duties, and I am fam is sered agent as provided for in Chapte	pointment as provisions of all iliar with and

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:

"MGQ" - Massar		Name and Address:	
"MGR" = Manag			
"MGRM" = Mar	naging Member		
MODM			
MGRM		John C. Drygas, MD	
		9306 Silverthorn Road	
		Largo, FL 33777	
			<u></u>
	<u></u>		
			
(Use attachment		e date of filing:	OPTIONAL)
CLE V: Effective	date, if other than the	e date of filing: (C	OPTIONAL)
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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)