

L100000065203

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

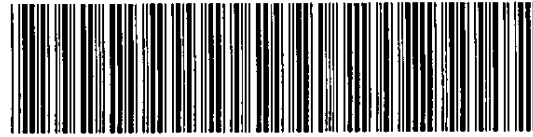
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100181801571

06/18/10--01004--022 **125.00

RECEIVED

10 JUN 18 AM 10:55

CLERK OF SUPERIOR COURT
JULY 1, 2010
JULY 1, 2010

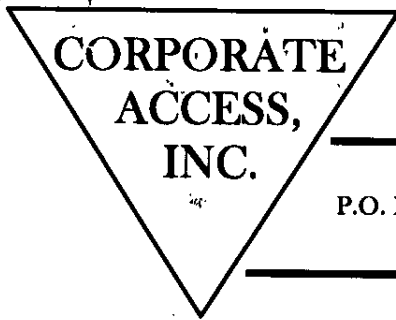
EFFECTIVE DATE 6/14/2010

B. KOHR

JUN 18 2010

EXAMINER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JUN 18 PM 1:22



"When you need ACCESS to the world"

236 East 6th Avenue . Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-4666

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JUN 18 PM 1:22

WALK IN

PICK UP: 6/18 TB

☐ CERTIFIED COPY

☒ PHOTOCOPY

☐ CUS

☒ FILING

EFFECTIVE DATE 6/14/2010

LLC

1. Buchless Allergy Center of Tampa Bay, LLC
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

* Effective date: June 14, 2010

EFFECTIVE DATE

6/14/2010

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 JUN 18 PM 1:22

ARTICLES OF ORGANIZATION
OF
OUCHLESS ALLERGY CENTER OF TAMPABAY, LLC

The undersigned hereby certifies that he is the Authorized Representative of the Member who is forming a Limited Liability Company under Florida Statutes Chapter 608. The following Articles of Organization are hereby adopted.

ARTICLE 1.
NAME

The name of the Limited Liability Company shall be Ouchless Allergy Center of Tampabay, LLC.

ARTICLE 2.
DURATION; EFFECTIVE DATE

This Limited Liability Company shall exist perpetually, commencing as of June 14, 2010.

ARTICLE 3.
ADDRESS; PRINCIPAL OFFICE

The mailing address of the Limited Liability Company and the street address of the principal office of the Limited Liability Company is 2311 Cypress Cove, Suite 101, Wesley Chapel, Florida 33544.

ARTICLE 4.
INITIAL REGISTERED OFFICE AND REGISTERED AGENT


The address of the initial registered office of the Limited Liability Company is 150 2nd Avenue North, Suite 1100, St. Petersburg, Florida 33701 and its initial registered agent at such address is Joel D. Bronstein.

**ARTICLE 5.
PURPOSE**

This Limited Liability Company may engage in any activity or business permitted under the laws of the United States of America and of this State.

The undersigned, being the Authorized Representative of the Member of the Limited Liability Company, hereby certifies that the foregoing constitutes the Articles of Organization of Ouchless Allergy Center of Tampabay, LLC,

Executed by the undersigned on June 16, 2010.




Joel D. Bronstein
Authorized Representative

**ACCEPTANCE OF APPOINTMENT OF REGISTERED AGENT
ACKNOWLEDGMENT OF REGISTERED AGENT**

Pursuant to Section 608.415, Florida Statutes, I agree to act in the capacity of Registered Agent for Ouchless Allergy Center of Tampabay, LLC and will comply with the provisions of all statutes relative to the proper and complete performance of my duties. I am familiar with and accept the obligations of Section 608.415, Florida Statutes.

DATED this 16th day of June, 2010.



Joel D. Bronstein