

L11000016324

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

(Business Entity Name)

(Document Number)

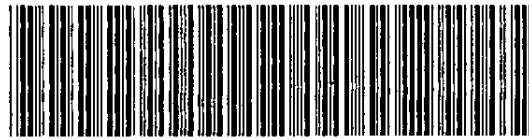
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11 FEB -7 PM 1:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

FEB 08 2011

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 4, 2011

C. LATHAM MITCHELL  
2522 INDIAN PASS ROAD  
PORT ST JOE, FL 32456

SUBJECT: ERUDITA BIOTECHNICAL LLC  
Ref. Number: W11000007002

We have received your document for ERUDITA BIOTECHNICAL LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 711A00003050

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TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Erudita Biotechnical 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:

C. Latham Mitchell

Name of Person

Erudita Biotechnical LLC

Firm/Company

2522 Indian Pass Road

Address

Port Saint Joe, Florida 32456

City/State and Zip Code

c.mitchell@eruditabiotech.com

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

For further information concerning this matter, please call:

C. Latham Mitchell

Name of Person

at ( 850 ) 227.9591

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

EFFECTIVE DATE \_\_\_\_\_

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11 FEB - 7 PM 4:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

**Erudita Biotechnical 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:**

2522 Indian Pass Road  
Port Saint Joe, Florida 32456

**Mailing Address:**

2522 Indian Pass Road  
Port Saint Joe, Florida 32456

**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:

Jamie B. Greusel, Esquire

Name

1104 North Collier Boulevard

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

Marco Island FL 34145

City, State, and Zip

*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)

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TALLAHASSEE, FLORIDA

**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:**

MGR

C. Latham Mitchell MD, Managing Principal  
2522 Indian Pass Road  
Port Saint Joe, Florida 32456-7886

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 01 March 2011. (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:**

C. Latham Mitchell MD

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. I am aware that any false information submitted in a document to the Department of Banking and Finance constitutes a third degree felony as provided for in s.817.155, F.S.)

C. Latham Mitchell MD

Typed or printed name of signee

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11 FEB -7 PM 4:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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)