

# L110000016907

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

((H11000033788 3)))



H110000337883ABC+

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6383

From: **Carrie L. Ramos, Paralegal, please fax confirmation to (407) 244-5690**

Account Name : GRAYROBINSON, P.A. - ORLANDO  
Account Number : 120010000078  
Phone : (407) 843-8880  
Fax Number : (407) 244-5690

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2011 FEB - 8 AM 10:26

FILED

RECEIVED  
11 FEB - 8 PM 3:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.**  
**Beth Kaplan Sommerfeld, Ph.D., LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

**A. LUNT**

FEB - 9 2010

**EXAMINER**

Electronic Filing Menu

Corporate Filing Menu

Help

H11000033788 3

**ARTICLES OF ORGANIZATION**  
**FOR**  
**FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I**  
**Name**

The name of this Limited Liability Company is:

Beth Kaplan Sommerfeld, Ph.D., LLC

**ARTICLE II**  
**Address**

The mailing address and the street address of the principal office of this Limited Liability Company is:

9915 Tamiami Trail North, Suite 2  
Naples, Florida 34108

**ARTICLE III**  
**Management**

This Limited Liability Company is to be managed by one or more managers and is, therefore, a "manager-managed" limited liability company.

**ARTICLE IV**  
**Initial Board of Managers**

This Limited Liability Company shall have one (1) manager initially. The number of managers may be either increased or decreased from time to time in accordance with the Operating Agreement of this Limited Liability Company, but shall never be less than one.

The name and address of the initial manager of this Limited Liability Company is as follows:

Name

Street Address

Beth Kaplan Sommerfeld, Ph.D.

9915 Tamiami Trail North, Suite 2  
Naples, Florida 34108

2011 FEB -8 AM 10:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

H11000033788 3

H11000033788 3

**ARTICLE V****Registered Agent, Registered Office & Registered Agent's Signature**

The name and the Florida street address of the Registered Agent of this Limited Liability Company is:

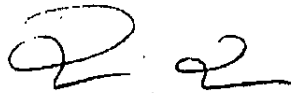
Lisa H. Lipman  
 GrayRobinson, P.A.  
 5551 Ridgewood Drive, Suite 101  
 Naples, Florida 34108

*Having been appointed as registered agent to accept service of process for this limited liability company at the place so designated in these Articles of Organization, I hereby accept this appointment as registered agent and agree 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**

In accordance with Section 608.408(3), *Florida Statutes*, the execution of these Articles of Organization constitutes an affirmation under the penalties of perjury that the facts stated herein are true.



**AUTHORIZED REPRESENTATIVE'S SIGNATURE**

**LISA H. LIPMAN, AUTHORIZED REPRESENTATIVE**

Type or printed name of signee

FILED  
 2011 FEB - 8 AM 10:27  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**FILING FEES:**

\$100.00 Filing Fee for Articles of Organization  
 \$25.00 Designation of Registered Agent  
 \$30.00 Certified Copy (OPTIONAL)  
 \$5.00 Certificate of Status (OPTIONAL)

H11000033788 3