## L11000047605

| (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:

A. LUNT

APR 21 2010

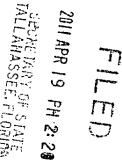
**EXAMINER** 

Office Use Only



800202005588

04/19/11--01012--010 \*\*160.00



## **COVER LETTER**

| TO: Registration Section Division of Corporations  |
|--|
| SUBJECT: Concierge Laser Pain Relief Centers of American Subject:  |
| The enclosed Articles of Organization and fee(s) are submitted for filing.   |
|  |
| Please return all correspondence concerning this matter to the following:  |
| Dr. Bruce R. Coren   |
| Concrerge Laser Pain Relief Conters of America   |
| 1209 N. Flagler Dr   |
| West Palm Beach, FL 33401  |
| core 548@ ao/. com   |
| E-mail address: (to be used for future annual report notification)   |
| For further information concerning this matter, please call:   |
| Dr. Bruce R. Coren at 561, 722-1153  |
| Name of Person Area Code & Daytime Telephone Number  |
| Enclosed is a check for the following amount:  |
| \$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \  \  \  \text{S160.00 Filing Fee, 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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

| Concierge Loser Pain Rel   | lief Genters of America, "LLC"   |
|--|--|
| Must end with the words "Limited Liabili   |  |
| ARTICLE II - Address: The mailing address and street address of the pri  | incipal office of the Limited Liability Company is:  |
| Principal Office Address:  | Mailing Address:   |
| 1209 N Flagles Dr<br>West Palm Grach, FL 3340/   | 1209 N Flagler Dr<br>West Palm Beach, FL 3340/   |
| West Palm Beach  | egistered agent are:  Coren  Tagler Dr.  ress (P.O. Box NOT acceptable)  |
| liability company at the place designated in the<br>registered agent and agree to act in this capacity<br>statutes relating to the proper and complete per | accept service of process for the above stated limited his certificate, I hereby accept the appointment as  I further agree to comply with the provisions of all formance of my duties, and I am familiar with and the tered agent as provided for in Chapter 608, F.S |

(CONTINUED)

Registered Agent's Signature (REQUIRED)

| ARTICLE IV- Manager(s) or<br>The name and address of each N   | Managing Member(s): Manager or Managing Member is as follows:  |
|---|--|
| Title: "MGR" = Manager "MGRM" = Managing Member "M&RM"  "M&RM"  "M&RM"                                    | Name and Address:  |
|   |  |
| (Use attachment if necessary)   |  |
| n effective date is listed, the date m<br>r 90 days after the date of filing.) <u>REQUIRED</u> SIGNATURE: | nust be specific and cannot be more than five business days prior  |
| (In accordance with section constitutes an affirmation  | nember or an authorized representative of a member.  ion 608.408(3), Florida Statutes, the execution of this document in under the penalties of perjury that the facts stated herein are true. In information submitted in a document to the Department of State |
| constitutes a third degree  | e felony as provided for in s.817.155, F.S.)  Typed or printed name of signee  |

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)