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EFFECTIVE DATE

7/15/11

FILED

11 JUL 13 AM 10:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan

JUL 14 2011

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Avron. H. Lipschitz M.D. Plastic Surgery 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:

Avron Lipschitz MD  
Name of Person

Avron H. Lipschitz MD Plastic Surgery LLC  
Firm/Company

1828 S E Warwick Ln  
Address

Stuart Florida 34997  
City/State and Zip Code

dravyplasticsurgery@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Avron Lipschitz at ( 972 ) 333 4870  
Name of Person 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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Avron H. Lipschitz M.D. Plastic Surgery 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:

6828 SE Warwick Ln  
Stuart Florida 34997

#### Mailing Address:

6828 SE Warwick Ln  
Stuart Florida 34997

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

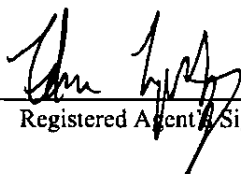
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or a separate business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Avron Lipschitz MD  
Name

6828 SE Warwick Ln Stuart FL 34997  
Florida street address (P.O. Box **NOT** acceptable)  
Stuart FL 34997  
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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**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:**

MGRM

Joanne Snodgrass

6828 SE Warwick Ln

Stuart FL 34997

MGRM

Robert Snodgrass

1824 Carlyle Rd

Kosmosdal Centurion 2146

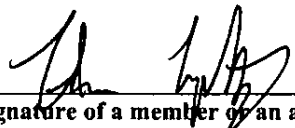
South Africa

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: July 15 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:**

  
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 State constitutes a third degree felony as provided for in s.817.155, F.S.)

AVRON LIPSCHITZ  
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)**

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