

L11000131126

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

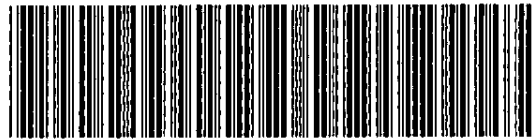
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B. KOHR

NOV 17 2011

EXAMINER



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DEPT. OF REVENUE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 11/15/2011

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 NOV 17 PM 2:35



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 982653 7698889

AUTHORIZATION :

*[Handwritten Signature]*

COST LIMIT : \$ 125.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATION  
11 NOV 17 PM 2:35

ORDER DATE : November 16, 2011

ORDER TIME : 9:11 AM

ORDER NO. : 982653-005

CUSTOMER NO: 7698889

EFFECTIVE DATE 11 / 15 / 2011

DOMESTIC FILING

NAME: THERIAC ROLLUP II, LLC

EFFECTIVE DATE:

\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Becky Peirce - EXT. 2919

EXAMINER'S INITIALS: \_\_\_\_\_

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Theriac Rollup II, LLC  
Name of Limited Liability Company

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DIVISION OF CORPORATIONS  
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The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cathy Newkirk  
Name of Person

EFFECTIVE DATE 11/15/2011

TEM, LLC  
Firm/Company

5292 Summerlin Commons Way Suite 1103  
Address

Fort Myers, Florida 33907  
City/State and Zip Code

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

For further information concerning this matter, please call:

Cathy Newkirk at ( 239 ) 936-1904  
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

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DIVISION OF CORPORATIONS  
11 NOV 11 PM 2:35

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Theriac Rollup II, 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:

Mailing Address:

5292 Summerlin Commons Way # 1103  
Fort Myers, Fl. 33907

5292 Summerlin Commons Way # 1103  
Fort Myers, Fl. 33907

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:

Cathy Newkirk

Name

5292 Summerlin Commons Way # 1103

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

Fort Myers

FL 33907

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.*

Theriac Rollup II, LLC

By: Cathy Newkirk

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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

TEM, LLC

5292 Summerlin Commons Way #1103

Fort Myers, Florida 33907

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(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing: 11-15-11 . (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.)

Daniel E Dosoretz, Managing Member of TEM, LLC

\_\_\_\_\_  
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)**