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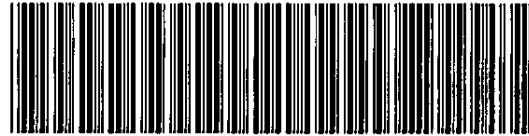
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11 DEC -8 PM 2:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Counseling Center

of New Smyrna Beach

• Shane Porter LMHC • Gary Frick MD • Timothy Shaw Ph.D. • Bob Kennerley Ph.D. • Patricia Blakeslee LMFT • Susan Ferguson RN LCSW

265 N. Causeway • New Smyrna Beach, FL 32169

Ph: 386-423-9161 Fax: 386-423-3094 www.ccnbsb.com

December 1, 2011

Registration Section
Division of Corporations
PO Box 6327
Tallahassee FL, 32314

To Whom It May Concern:

The attached documents are for Anthony S. Capozzi, MD. The daytime telephone number is (386) 423-9161. The contact person you will reach is Karen Porter, and the address is 265 N. Causeway, New Smyrna Beach, FL 32169.

Thank You,


Karen Porter, Registered Agent

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Anthony S. Capozzi, MD
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:

Anthony S. Capozzi, MD
Name of Person

Anthony S. Capozzi, MD
Firm/Company

2605 N. Causeway
Address

New Smyrna Beach, FL 32169
City/State and Zip Code

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

For further information concerning this matter, please call:

Karen Dwyer at (386) 248-2876
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:

Dr. Anthony S. Capozzi, 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:

265 N. Causeway
New Smyrna Bch FL
32169

Mailing Address:

265 N. Causeway
New Smyrna Bch FL
32169

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:

Karen E. Porter

Name

260 N. Causeway

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

New Smyrna Bch FL 32169

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

MGR

Name and Address:

Anthony Capozzi
245 N. Causeway
New Smyrna Bch, Fl. 32169

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing, Dec. 1, 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.)

Karen E. Potter

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)