

L12000045502

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

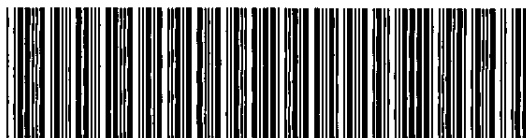
(Document Number)

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EFFECTIVE DATE 04/03/12



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12 APR - 2 PM 4:30

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED

12 APR - 2 AM 8:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE

APR 03 2012

EXAMINER

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Moskowitz Doulgeris Helathcare Solutions

LLC

Signature \_\_\_\_\_

Requested by: SETH

04/02/12

Name

Date

Time

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

\_\_\_\_ Art of Inc. File \_\_\_\_\_  
\_\_\_\_ LTD Partnership File \_\_\_\_\_  
\_\_\_\_ Foreign Corp. File \_\_\_\_\_  
\_\_\_\_ L.C. File \_\_\_\_\_  
\_\_\_\_ Fictitious Name File \_\_\_\_\_  
\_\_\_\_ Trade/Service Mark \_\_\_\_\_  
\_\_\_\_ Merger File \_\_\_\_\_  
\_\_\_\_ Art. of Amend. File \_\_\_\_\_  
\_\_\_\_ RA Resignation \_\_\_\_\_  
\_\_\_\_ Dissolution / Withdrawal \_\_\_\_\_  
\_\_\_\_ Annual Report / Reinstatement \_\_\_\_\_  
\_\_\_\_ Cert. Copy \_\_\_\_\_  
\_\_\_\_ Photo Copy \_\_\_\_\_  
\_\_\_\_ Certificate of Good Standing \_\_\_\_\_  
\_\_\_\_ Certificate of Status \_\_\_\_\_  
\_\_\_\_ Certificate of Fictitious Name \_\_\_\_\_  
\_\_\_\_ Corp Record Search \_\_\_\_\_  
\_\_\_\_ Officer Search \_\_\_\_\_  
\_\_\_\_ Fictitious Search \_\_\_\_\_  
\_\_\_\_ Fictitious Owner Search \_\_\_\_\_  
\_\_\_\_ Vehicle Search \_\_\_\_\_  
\_\_\_\_ Driving Record \_\_\_\_\_  
\_\_\_\_ UCC 1 or 3 File \_\_\_\_\_  
\_\_\_\_ UCC 11 Search \_\_\_\_\_  
\_\_\_\_ UCC 11 Retrieval \_\_\_\_\_  
\_\_\_\_ Courier \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I**

The name of the Limited Liability Company is: **MOSKOWITZ DOULGERIS  
HEALTHCARE SOLUTIONS LLC**

**ARTICLE II**

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

4350 West Cypress Street, Suite 820  
Tampa, FL 33607

The mailing address of the Limited Liability Company is:

4350 West Cypress Street, Suite 820  
Tampa, FL 33607

**ARTICLE III**

The purpose for which this Limited Liability Company is organized is:

**ANY AND ALL LAWFUL BUSINESS**

**ARTICLE IV**

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

Kendall A. Almerico  
500 North Westshore Blvd. Suite 1015  
Tampa, FL 33609

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.



Kendall A. Almerico  
Registered Agent

EFFECTIVE DATE 04/03/12

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TALLAHASSEE, FLORIDA

## ARTICLE V

The name and address of managing members/managers are:

Title: Manager

James Doulgeris  
3016 Enisglen Drive  
Palm Harbor, FL 34683  
Title: Manager

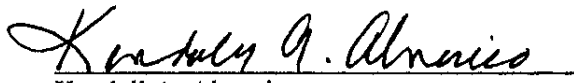
Howard Moskowitz  
1025 Westchester Ave. 4<sup>th</sup> Floor  
White Plains, NY 10604

## ARTICLE VI

The effective date for this Limited Liability Company shall be:

April 3, 2012.

Signature of member or an authorized representative of a member:

  
Kendall A. Almerico  
Registered Agent

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