

L 12000068584

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

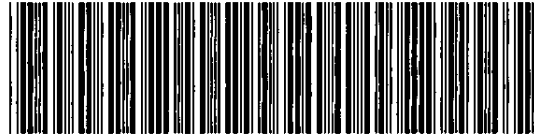
(Document Number)

Certified Copies _____ Certificates of Status _____

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B. KOHR
MAY 22 2012
EXAMINER



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RECEIVED
2012 MAY 21 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 MAY 21 AM 11:22
PROVISIONAL CLERK
DIVISION OF CORPORATE AFFAIRS



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 211820 7698889

AUTHORIZATION :

COST LIMIT : \$ 125.00

12 MAY 21 AM 11:22
RECEIVED
CSC CORPORATION
211820-005

ORDER DATE : May 21, 2012

ORDER TIME : 3:46 PM

ORDER NO. : 211820-005

CUSTOMER NO: 7698889

DOMESTIC FILING

NAME: THERIAC ENTERPRISES OF TROY,
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 Enterprises of Troy, 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:

Cathy Newkirk

Name of Person

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

Name of Person

at (239) 936-1904

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

RECEIVED
DIVISION OF CORPORATIONS
12 MAY 21 AM 11:22

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Theriac Enterprises of Troy, 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:

5292 Summerlin Commons Way
Suite 1103
Fort Myers Florida 33907

Mailing Address:

Same

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 Suite 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 Enterprises of Troy, LLC

By: Cathy Newkirk
Registered Agent's Signature (REQUIRED)

(CONTINUED)

12 MAY 21 AM 11:22
FILED
CLERK OF COUNTY CLERK
TROY, 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

Name and Address:

MGR

TEM LLC

5292 Summerlin Commons Way 1103

Fort Myers Florida 33907

MGRM

Daniel E Dosoretz

5292 Summerlin Commons Way 1103

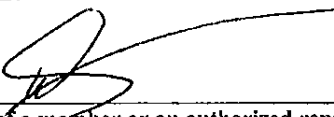
Fort Myers Florida 33907

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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 Tem, LLC, Manager

Typed or printed name of signer

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)