

**L12000074656**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



**900235043779**

06/04/12--01013--021 \*\*125.00

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12 JUN -4 PM 12:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**C. LEWIS**  
JUN -5 2012  
**EXAMINER**

# **The Multi Specialty Group**

8682 Tourmaline Blvd, Boynton Beach, FL 33472

May 29, 2012

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314  
Re: Filing Fee for The Multi Specialty Group, LLC

To whom it may concern,

Attached please find the signed and dated application for Articles of Organization for a Florida Limited Liability Company. I have also enclosed a check for the filing fee.

Below please find contact information for me, in case needed.

Thank you for your time.



Lisette ten Hoopen  
Managing Member  
CO-Owner

Lisette ten Hoopen  
8682 Tourmaline Blvd  
Boynton Beach, FL 33472  
Daytime (305) 505-6881

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The Multi Specialty Group, 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:

Lisette ten Hoopen

Name of Person

The Multi Specialty Group, LLC

Firm/Company

8682 Tourmaline Blvd

Address

Boynton Beach, FL 33472

City/State and Zip Code

Lizurd102@aol.com

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

For further information concerning this matter, please call:

Lisette ten Hoopen

at 305 505-6881

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:

The Multi Specialty Group, 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:

2511 S. Dixie Highway  
West Palm Beach, FL 33401

#### Mailing Address:

8682 Tourmaline Blvd  
Boynton Beach, FL 33472

### 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:

Lisette ten Hoopen

Name

8682 Tourmaline Blvd

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


Boynton Beach, 33472

FL

City, State, and Zip

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*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)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

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**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MGRM

Lisette ten Hoopen  
8682 Tourmaline Blvd  
Boynton Beach, FL 33472

MGRM

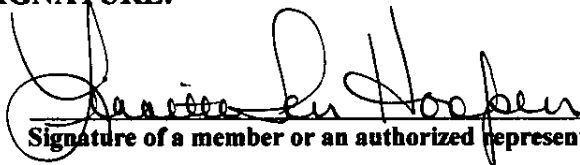
David Zimmerman  
8682 Tourmaline Blvd  
Boynton Beach, FL 33472

(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.)

**Lisette ten Hoopen**

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