

6/28/12

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Division of Corporations
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To:

Division of Corporations
 Fax Number : (850) 617-6383

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Account Name : HUBCO
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address:

LYNN@LYNCO.DY.COM

FLORIDA LIMITED LIABILITY CO.
Doctor's United-Self Smoking Treatment, LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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JUN 29 2012

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Doctor's United-Self Smoking Treatment, 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:

224 Santa Rosa Drive

224 Santa Rosa Drive

Winter Haven, FL 33884

Winter Haven, FL 33884

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUN 28 AM 11:42

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature

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

Richard H. Marchand

Name

224 Santa Rosa Drive

(P.O. Box or Mail Drop Box NOT Acceptable)

Winter Haven, FL 33884

(City / State / 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 - Richard H. Marchand

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

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

Title:

Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Richard M. Marchand, 224 Santa Rosa Drive, Winter Haven, FL 33884

(Use attachment if necessary)

REQUIRED SIGNATURE:



Signature of a member or 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.)

Richard H. Marchand

Typed or printed name of signer

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