

**L120001241UN**

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(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



**900239520559**

09/13/12--01005--021 \*\*125.00

EFFECTIVE DATE 10-1-12

12 SEP 27 AM 10:28  
ALL INFORMATION CONTAINED  
HEREIN IS UNCLASSIFIED

B. BOSTICK  
SEP 28 2012

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 599 9th Street North, Suite 308, Naples 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:

John P. van Dongen, MD

Name of Person

599 9th Street North, Suite 308, Naples LLC

Firm/Company

599 9th Street North, Suite 308

Address

Naples, FL 34102

City/State and Zip Code

jp@drvandongen.com

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

For further information concerning this matter, please call:

John P. van Dongen

Name of Person

at ( 239 ) 643 7888

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

12 SEP 27 AM 10:28

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

599 9th Street North, Suite 308, Naples 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:

599 9th Street North, Suite 308  
Naples, FL 34102

#### Mailing Address:

599 9th Street North, Suite 308  
Naples, FL 34102

### 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:

John P. van Dongen

Name

599 9th Street North, Suite 308

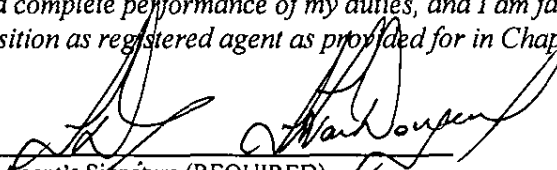
Florida street address (P.O. Box **NOT** acceptable)

Naples

FL 34102

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)

**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:**

MGRM

John P. van Dongen  
599 9th Street North, Suite 308  
Naples, FL 34102

MGRM

Annette van Dongen  
599 9th Street North, Suite 308  
Naples, FL 34102

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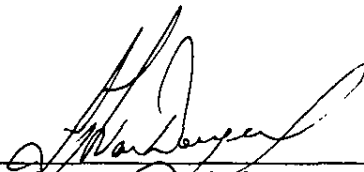
(Use attachment if necessary)

October 1<sup>st</sup> 2012

**ARTICLE V:** Effective date, if other than the date of filing: September 10th 2012 (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.)

John P. van Dongen

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)



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 14, 2012

JOHN P. VAN DONGEN, MD  
599 9TH STREET, SUITE 308  
NAPLES, FL 34102

SUBJECT: 599 9TH STREET NORTH, SUITE 308, NAPLES LLC  
Ref. Number: W12000047569

We have received your document for 599 9TH STREET NORTH, SUITE 308, NAPLES LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick  
Regulatory Specialist II

Letter Number: 112A00023208