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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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EFFECTIVE DATE 01/18/13



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2013 JAN - 7 PH 12: 43
SECRETARY OF STATE
ALGARY OF STATE

D. BRUCE
JAN 0 8

EXAMINER

(850) 245-6051.

COVER LETTER

Division of C			
SUBJECT: Dr. L	ockoul of Tampa Name of Limit	Bay	
	Name of Limit	ed Liability Company	
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this matt	er to the following:	
	Zaccur T	Saac	
	Zaccur I	Name of Person	
		Firm/Company	······································
	8755 Boardwal	K Path Dr Apt #17310	
	7,0100	Address	
	Temple Terra re,	FL 33637	2018 JAN -7 PH 12: 43 SECHETARY OF STATE FALLAHASSEE FLORIDA
\		y/State and Zip Code	HO A
-	Zaccyrisaac &m	for future annual report notification)	-7 SS
	E-mail address: (to be used to	for future annual report notification)	
For further information	concerning this matter, please	call:	17: 10R
Zaccur Isaac		at (561) 283-5394	
Name	of Person	Area Code & Daytime Telep	hone Number
Enclosed is a check f	or 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 C Tallahassee, FL 32301	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Dr. Lockout of Tampa Bay 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: Mailing Address:
155 Boardwalk Path Dr Apt #1731D -> Temple Terrace, Fl 33637 ->
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:
The name and the Florida street address of the registered agent are: \[\frac{\text{Zaccuv Taac}}{\text{Name}} \] \[\frac{\text{Name}}{\text{Name}} \]
Florida street address (P.O. Box NOT acceptable) Temple Terrace / FL 33637
Temple Terrace / FL 33637 5
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.
Bacom Elgasc

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

EFFECTIVE DATE 01/18/13

Title: "MGR" = Manag "MGRM" = Mar		Name and Address:
MGRM		Zaccur Isaac 9755 Boardvalk Path Dr APT#17311) Temple Terrace, FL 33637
	_	
(Use attachment	if necessary)	
LE V: Effective	date, if other than the isted, the date mus the date of filing.)	e date of filing: 01/18/2013 (OPTIONAl the specific and cannot be more than five business
LE V: Effective ffective date is loor 90 days after	date, if other than the isted, the date must the date of filing.) GNATURE: MARGINARY L	t be specific and cannot be more than five busines
LE V: Effective ffective date is l or 90 days after REQUIRED SI (In accounting a many)	date, if other than the isted, the date must the date of filing.) GNATURE: Signature of a member ordance with section 600 utes an affirmation under ware that any false inforrutes a third degree felong	er or an authorized representative of a member. 8.408(3), Florida Statutes, the execution of this document, rethe penalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)
LE V: Effective ffective date is l or 90 days after REQUIRED SI (In accounting a many)	date, if other than the isted, the date must the date of filing.) GNATURE: Signature of a member ordance with section 600 utes an affirmation under ware that any false inforrutes a third degree felong	er or an authorized representative of a member.