

L13000135271

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

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(Business Entity Name)

(Document Number)

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2013 SEP 24 AM 10:14  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

W13-49914

(SEP 25 2013

D. ERUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 10, 2013

EDWARD BORRELLI  
1401 TIDAL POINTE BLVD., SUITE 301  
JUPITER, FL 33477

SUBJECT: DUNEDIN HEALTHCARE VENTURES LLC  
Ref. Number: W13000049914

We have received your document for DUNEDIN HEALTHCARE VENTURES LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The title(s) you have listed for the manager(s) or manager member(s) is/are not acceptable. You must insert the letters "MGR" for each manager or the letters "MGRM" for each managing member listed.

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.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 113A00021260

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TALLAHASSEE-FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Dunedin Healthcare Ventures 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:

**Edward Borrelli**

Name of Person

**Dunedin Healthcare Ventures LLC**

Firm/Company

**1401 Tidal Pointe Boulevard, Suite 301**

Address

**Jupiter, Florida 33477**

City/State and Zip Code

**eborrelli@dunedin-inc.com**

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

For further information concerning this matter, please call:

**Edward Borrelli**

Name of Person

at **917 213 4061**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Dunedin Healthcare Ventures 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:

1401 Tidal Pointe Boulevard, Suite 301, Jupiter, FL 33477

### Mailing Address:

575 Lexington Avenue, 4th Floor, New York, NY 10022

## 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:

Edward Borrelli

Name

1401 Tidal Pointe Boulevard, Suite 301

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

Jupiter, Florida 33477

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.*

*Edward Borrelli*

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

"MGRM" = Managing Member

Edward Borrelli  
404 East 78th Street, Apt. 25C  
New York, NY 10021

"MGR" = Manager

Marko Rudnicki  
Kurfurstenstrasse 17  
Munich 80799, Germany

"MGR" = Manager

Eunjin Um  
404 East 78th Street, Apt. 25C  
New York, NY 10021

"MGR" = Manager

John Degan  
5 William Penn Drive  
Stony Brook, NY 11790

(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.)

Edward Borrelli

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)

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TALLAHASSEE FLORIDA