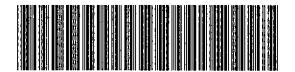
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(Re	equestor's Name)		
(Address)			
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PICK-UP	MAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only

W13-49914



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(SEP 2 5 2013

D. ERUCE



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

#### **COVER LETTER**

TO:

Registration Section **Division of Corporations** 

# 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

# 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

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)

#### Malling 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 - Na	me:		
The name of the L	imited Liability Company is	<b>s:</b>	
Dunedin Healthcare V		· · · · · · · · · · · · · · · · · · ·	
(M	lust end with the words "Limited Lial	bility Company, "L.L.C.," or "LLC.")	
ARTICLE II - A			
The mailing addre	ss and street address of the	principal office of the Limited Liability Compan	y is:
Principal Office	Address:	Mailing Address:	
.1401 Tidal Pointe Boulev	vard, Suite 301, Jupiter, Fl 33477	575 Lexington Avenue, 4th Floor, New York, NY 10022	
(The Limited Liability C	Registered Agent, Registere Company cannot serve as its own Reg active Florida registration.)	ed Office, & Registered Agent's Signature: istered Agent. You must designate an individual or another	
The name and the	Florida street address of the	e registered agent are:	
	Edward Borrelli		a 1141
•	Nam		2
	1401 Tidal Pointe Boulevard, Su	ite 301	- u
	Florida street a	ddress (P.O. Box NOT acceptable)	
	Jupiter,	Florida 33477	ė O
	City,	State, and Zip	<u>.</u>
Having been nam	ned as registered agent and to	o accept service of process for the above stated li	mited

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)

Page 1 of 2

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
, , , , , , , , , , , , , , , , , , , ,	
"MGRM"= Managing Member	Edward Borrelli
<del></del> ,	404 East 76th Street, Apt. 25C
	New York, NY 10021
"MGR" = Manager	Marko Rudnicki
	· Kurfurstenstrasse 17
	Munich 80799, Germany
*MGR*= Manager	Eunjin Um
	404 East 76th Street, Apr. 25C
	New York, NY 10021
"MGR"= Manager	John Degan
	5 William Penn Drive
	Storry Brook, NY 11790
prior to or 90 days after the date of filing	g-)
<b>REQUIRED SIGNATURE:</b>	
- Slean	- Jonelli
Signature of a me	ember or an authorized representative of a member.
constitutes an affirmation u I am aware that any false in	ember or an authorized representative of a member.  1 608.408(3), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true.  1 aformation submitted in a document to the Department of State elony 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 O of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optic	

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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