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Advanced Incorporating Service, Inc.

1317 California Street P.O. Box 20396 Tallahassee, FL 32316 Phone: 850-222-CORP Fax: 850-575-2724 Email: orders@aisincfl.com Website: www.aisincfl.com

Dale P. Greyslak, P.A., PLLC
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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 15, 2014

ADVANCED INCORPORATING SERVICE, INC.

SUBJECT: DALE P. GREYSLAK, P.A., PLLC

Ref. Number: W14000002821

We have received your document for DALE P. GREYSLAK, P.A., PLLC 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 name of the entity cannot include "PA." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

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.

Neysa Culligan Regulatory Specialist II

Letter Number: 314A00000993

Corrected please use original file date.



January 17, 2014

1415 South Washington Avenue Titusville, Florida 32780 (321) 267-2190 FAX (321) 267-6356 www.retzbaker.com

Advanced Incorporating Service, Inc. PO Box 20396 Tallahassee, FL 32316

Re: Dale Greyslak, P.A., PLLC.

To whom it may concern,

This is to inform you that the P.A. in Dale Greyslak, P.A., PLLC stands for Physician Assistant, Not a professional Association.

Please feel free to contact me with any question.

Thank you,

Stan Retz, CPA

Retz Baker P.A. CPAs 1415 South Washington Ave Titusville, FL 32780 2014 JAN 14 AN II: 24 SECTO ANTE OF STATE

ARTICLES OF ORGANIZATION

FOR

Dale P. Greyslak, P.A., PLLC

ARTICLE 1 - Name

The name of this Professional Limited Liability Company is:

Dale P. Greyslak, P.A., PLLC

ARTICLE II - Business Activity

The specific nature of the business of this Professional Limited Liability Company is to engage in every phase and aspect of the business of rendering professional services as a Physicians Assistan as is permitted to conduct in the State of Florida

ARTICLE III - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

STREET ADDRESS

700 Jordan Bass Drive Melbourne, FL 32940

MAILING ADDRESS

PO Box 410185 Melbourne, FL 32941

2014 JAN 14 AN ITE 29 SECRETARY OF STATE FALLANASSEE, FLORID

ARTICLE IV - Managing Members

This is a single-member Limited Liability Company. The name and address of the managing member is:

NAME

ADDRESS

Dale P. Greyslak

PO Box 410185 Melbourne , FL 32941

ARTICL V - Ownership

This LLC is owned by the Managing Member.

ARTICLE VI - Registered Agent And Office And Registered Agent's Signature

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

NAME

ADDRESS

Stanley E. Retz

1415 South Washington Avenue Titusville, FL 32780

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

Stanley E. Retz, Registered Agent

ARTICLE VII - Effective Date

The company shall commence its existence on the date these Articles of Organization are filed by the Florida Department of State or on another effective date as specified herein. The company's existence shall be perpetual unless the company is dissolved earlier as provided in these articles of organization or in the regulations.

Stanley E. Retz, Authorized Representative