## 140000 24714

(Re	questor's Name)	<del></del>
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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## **COVER LETTER**

TO:	Registration Section Division of Corporations		ALL MED
SUBJ	ECT: LUNDEK, LLC		
	Name of Li	imited Liability Company	1
The en	nclosed Articles of Organization and fee(s) a	are submitted for filing.	
Please	return all correspondence concerning this r	natter to the following:	
	Joseph F. Ciulla	N6D	
		Name of Person	
	Joseph F. Ciulla Co., LPA	Firm/Company	
		1 mile company	
	6364 Pearl Road	Address	
	Cleveland, OH 44130	City/State and Zip Code	··
<u>c</u> g	gaydos@theciullagroup.com E-mail address: (to be use	ed for future annual report notifica	ation)
For fur	ther information concerning this matter, ple	ease call:	
Josep	h F. Ciulla at (	440 ) 884-2036 Area Code Daytime Te	lephone Number
		• ***	
_	ed is a check for the following amount:  00 Filing Fee \$\overline{\subset}\$	□\$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 Add Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	tions ter Circle

## $\textbf{ARTICLES\,OF\,ORGANIZATION\,FOR\,FLORIDA\,LIMITED\,LIABILITY\,COMPANY}$

ARTICLE I - Name: The name of the Limited Liability Company is:		
LUNDEK, 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 of	ffice of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
269 Barefoot Beach Blvd., #304 Bonita Springs, FL 34134	269 Barefoot Beach Blvd., #304 Bonita Springs, FL 34134	<del></del>
ARTICLE III - Registered Agent, Registered Office, of (The Limited Liability Company cannot serve as its own another business entity with an active Florida registration	Registered Agent. You must designate an in-	dividual or
The name and the Florida street address of the registered	agent are:	
Joseph F. Ciulla Name		
635 Via Mezner, Pelican Bay Florida street address (P.O. Box		
Naples	FL 34108	
City	Zip	
Having been named as registered agent and to accept set the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of my duties, and I am familiar with and accept the obt Chapt Registered Agent's Signar	it the appointment as registered agent and agroup of all statutes relating to the proper and compligations of my position as registered agent as ter 605, F.S	ree to act in this plete performance
(CONTINU	ED)	SEOR F
Page 1 of 2		FILED FB 10 TH 2 30

<u>}                                    </u>	Name and Address:
IBR" = Authorized Member	
GR" = Manager	
R	Thomas Glodek
<del></del>	269 Barefoot Beach Blvd., #304
	Bonita Springs, FL 34134
<del></del>	
attachment if necessary)  Effective date, if other than the date of	filing: (OPTIONAL)
Effective date, if other than the date of e date is listed, the date must be specifing.)  : Other provisions, if any.	tiling: (OPTIONAL) fic and cannot be more than five business days prior to or 90
Effective date, if other than the date of e date is listed, the date must be specifing.)  : Other provisions, if any.	filing: (OPTIONAL)  fic and cannot be more than five business days prior to or 96
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