

L14000141766

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 10 2014

T. BROWN

7

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Tampa Bay Remedies 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:

Randy Breton
Name of Person

Tampa Bay Remedies LLC
Firm/Company

11880 28th Street North
Address

St. Petersburg FL 33716
City/State and Zip Code

JHtrustee@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Herbst at (813) 495-6415
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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 Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Tampa Bay Remedies 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:

11880 28th Street North
St. Petersburg, FL 33716

11880 28th Street North
St. Petersburg, FL 33716

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:

John Herbst

Name

641 First Street S.

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

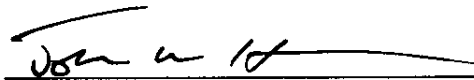
St. Petersburg

FL 33701

City

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 605, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Frank J. Tylman, Esq.

146 2nd Street N. #310

St. Petersburg, FL 33701

AMBR

John M. Herbst, Esq.

641 First Street South

St. Petersburg, FL 33701

AMBR

Randy Breton

11880 28th Street North

St. Petersburg, FL 33716

AMBR

Dr. Kerry Earlywine

10251 SW 5th Court #408

Pembroke Pines, FL 32021

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

John M. Herbst

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)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company (cont.):

AMBR

Daniel P. Francis
4508 Netherwood Drive
Tampa, FL 33624

AMBR

Dr. Deepa Verma
3165 N. McMullen Booth Rd Suite D-2
Clearwater, FL 33761

AMBR

Mark Bishop
6022 South 6th Street
Tampa FL 33611

AMBR

David Petrucelli
5152 4th Ave N.
Saint Petersburg, FL 33710

AMBR

Keith Fulmar
7837 Tuscany Woods Dr.
Tampa, FL 33647

AMBR

Kurt Green
6214 Half Dome Drive
Charlotte, NC 28269