

L14000174831

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

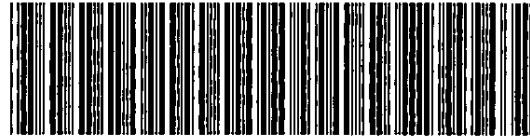
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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**FRANCOMANO & FRANCOMANO, P.A.**

*Law Offices*

101 E. Chesapeake Avenue, Suite 200  
Towson, Maryland 21286-5362

John R. Francomano, Sr.  
J. R. Francomano, III  
Wm. Holland Wilmer II  
James W. Nowak  
Samuel M. Grant  
Timothy Fox

November 6, 2014

410-307-1100 OFFICE  
410-307-1010 FAX  
[jbutler@fandflawyers.com](mailto:jbutler@fandflawyers.com) E-Mail

PARALEGALS  
Jan'ee M. Butler  
Frances A. Thompson  
Stephen R. Frank

Registration Section  
DIVISION OF CORPORATIONS  
Post Office Box 6327  
Tallahassee, Florida 32314

*Re:* Delray Laser LLC

Gentlemen:

Enclosed herewith please find the following:

- (1) Florida Government's cover letter duly filled out;
- (2) Articles of Organization for a Florida limited liability company duly filled out and executed;
- (3) Our firm's escrow check in the amount of One Hundred Sixty Dollars (\$160.00) for the filing fee, Certificate of Status and Certified Copy; *and*
- (4) An additional copy of the Articles of Organization.

Please acknowledge receipt by stamping and returning to us **COPY** of the Articles of Organization and this letter in the self-addressed, stamped envelope enclosed.

If you have any questions, please do not hesitate to communicate with the undersigned at the address and phone number shown on this letterhead.

Very truly yours,



John R. Francomano

JRF:jmb  
Enclosures  
cc;via E-Mail: Mr. David J. Levine

F  
&  
F

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Delray Laser 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:

David J. Levine

Name of Person

Delray Laser LLC

Firm/Company

10282 Buena Ventura Drive

Address

Boca Raton, FL 33498

City/State and Zip Code

dlevine000@gmail.com

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

For further information concerning this matter, please call:

David J. Levine

Name of Person

at ( 559 )

Area Code

999-4282

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)

**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:

Delray Laser 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:

Delray Laser LLC

495 NE 4th St. #3

Delray Beach, FL 33483

Delray Laser LLC

495 NE 4th St. #3

Delray Beach, FL 33483

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:

David J. Levine

Name

10282 Buena Ventura Drive

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

Boca Raton

FL 33498

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..



David J. Levine

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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**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

AMBR

**Name and Address:**

David J. Levine

10282 Buena Ventura Drive

Boca Raton, FL 33498

Cynthia R. Mayers

10282 Buena Ventura Drive

Boca Raton, FL 33498

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TALLAHASSEE, FLORIDA

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(Use attachment if necessary)

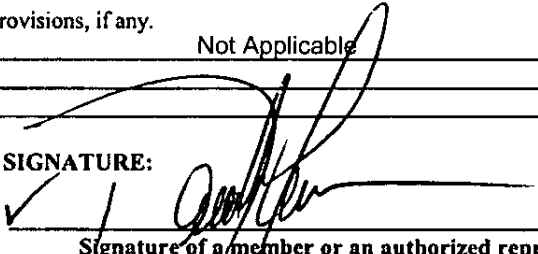
**ARTICLE V:** Effective date, if other than the date of filing: November 5, 2014. (OPTIONAL)

(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.

Not Applicable

**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.)

David J. Levine

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)