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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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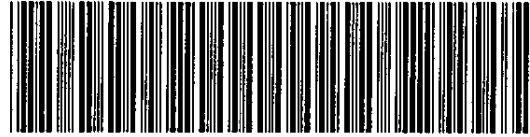
(Business Entity Name)

(Document Number)

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15 AUG 12 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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1/11

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Summit - Center for Resources and Organizational Development, 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:

Thomas B. Waters

Name of Person

Summit - Center for Resources and Organizational Development, LLC

Firm/Company

P. O. Box 28427

Address

Jacksonville/Florida 32226-8427

City/State and Zip Code

floridalaw06@yahoo.com

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

For further information concerning this matter, please call:

Thomas B. Waters

904

704-1466

at ()

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)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Summit - Center for Resources and Organizational Development, 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:

Summit - CROD, LLC
2520 University Blvd., W
Jacksonville, FL 32217

Mailing Address:

P. O. Box 28427
Jacksonville, FL 32226-8427

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:

Raul Soto-Acosta, M.D.
Name
2520 University Blvd., W.
Florida street address (P.O. Box **NOT** acceptable)

<u>Jacksonville</u>	<u>Florida</u>	<u>32217</u>
City	State	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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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company: **15 AUG 12 AM 9:34**

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Thomas B. Waters, President/CEO

1824 Daytona Lane

Jacksonville, Florida 32218

Raul Soto-Acosta, M.D., Secretary

2520 University Blvd., W.

Jacksonville, Florida 32217

Ruth Waters-McKay, Treasurer

5531 Gregg Street

Fernandina Beach, Florida 32034

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: January 1, 2016 (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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

None

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Thomas B. Waters

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)