

L11000237710

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

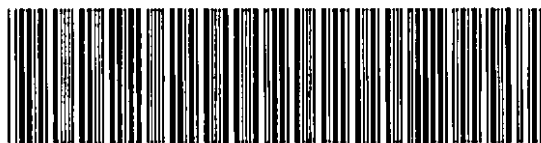
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

rec 11/17/17

Office Use Only



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11/20/17--01014--001 **160.00

17 NOV 17 AM 11:00
SEC. OF STATE
TALLAHASSEE, FLORIDA

N CULLIGAN

NOV 20 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 9, 2017

LIPICKY, LLC
2029 NICOLAS VOLLMER WAY
TAMPA, FL 33612

The fee to file is \$160.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

Please return the corrected original and one copy of 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) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 617A00022759

LIPICKY, LLC

DIRECTOR, RAYMOND JOHN LIPICKY, M.D.

ray@lipicky.com

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

November 7, 2017

Gentlepersons,

Attached are 2 forms for registering my business in the State of FL. I wish to be the registered agent, which I understand from form your website is perfectly OK.

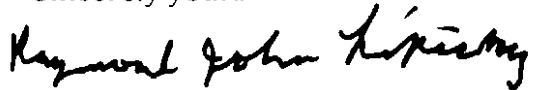
1 form is printed from my computer screen and your website refused to SUBMIT, saying go back and correct errors but never said what the errors were (that I could see).

The second form is filled in by hand with the same information that appears in the printed scree version.

I attach a check for \$160.00.

Please let me know, AS SOON AS POSSIBLE, whether the application attached is acceptable and/or where I need to make corrections.

Sincerely yours



Raymond John Lipicky, M.D.

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: LIPICKY, 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:

Raymond John Lipicky, M.D.
Name of Person

LIPICKY, LLC
Firm/Company

2029 Nicolas Vollmer Way
Address

Tampa, FL 33612
City/State and Zip Code

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

For further information concerning this matter, please call:

Ray Lipicky at (813) 374-1089
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

LIPICKY, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

17 NOV 17 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

2029 Nicolas Vallmer Way
Tampa, FL 33612

2029 Nicolas Vallmer Way
Tampa, FL 33612

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:

Raymond John Lipicky, M.D.
Name

2029 Nicolas Vallmer Way
Florida street address (P.O. Box NOT acceptable)
Tampa FL 33612
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..

Raymond John Lipicky
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Raymond John Lipicky, M.D.
2029 N. GOLFVIEW WAY
TAMPA, FL 33612

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 11/07/2017 (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.

REQUIRED SIGNATURE:

Raymond John Lipicky

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.

Raymond John Lipicky

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)

STATE OF FLORIDA
DEPARTMENT OF STATE
17 NOV 17 AM 11:00