

# Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To: Division of Corporations Fax Number : (050)617-6381 From: Account Name : DRUMMOND WEHLE LLP Account Number : I20050000133 Phone : (813)983-8000 Fax Number : (813)983-8001 \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* le@dw-tirm Email Address: FLORIDA LIMITED LIABILITY CO. 2 Doctors Stine, LLC E. C RICO Certificate of Status 0 Certified Copy 0 MAY 07 2018 02 Page Count YAH 810 Estimated Charge \$125.00 Å A CONTRACTOR OF A 1

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# ARTICLES OF ORGANIZATION OF **2 DOCTORS STINE, LLC**

The undersigned, pursuant to the provisions of Chapter 605 of the Florida Statutes, for the purpose of forming a limited liability company under the laws of the State of Florida sets forth the following: 8

### **ARTICLE I: NAME**

The Name of the Limited Liability Company is: 2 Doctors Stine, LLC

### **ARTICLE II: ADDRESS**

The Mailing Address of the Principal Office is: 4615 W. Sunset Boulevard, Tampa Florida 33629.

The Street Address of the Principal Office is: 4615 W. Sunset Boulevard, Tampa, Florida 33629

### **ARTICLE III: DURATION**

The duration for the Limited Liability Company shall be perpetual.

# **ARTICLE IV: MANAGEMENT**

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager managed company. The initial manager is Michael Stine, Jr., 4615 W. Sunset Boulevard, Tampa, Florida 33629.

## ARTICLE V: ADMISSION OF ADDITIONAL MEMBERS

Members may admit additional members at any time pursuant to a majority vote of the Members. The additional members must agree to be bound by the Operating Agreement.

#### ARTICLE VI: MEMBERS RIGHTS TO CONTINUE BUSINESS

Upon the death, retirement, resignation, expulsion, bankruptcy, dissolution of a member or upon the occurrence of any other event which terminates the continued membership of a member in the limited liability company, the business of the limited liability company shall not be continued and the limited liability company shall be dissolved unless there is obtained the consent of all the remaining members of the limited liability company.

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## ARTICLE VII: REGISTERED AGENT

The name and address of the initial Registered Agent in Florida for the limited liability company is: Temple H. Drummond, Esq., Drummond Wehle LLP, 6987 East Fowler Avenue, Tampa, Florida 33617.

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.

Temple H. Drummond, Registered Agent

<u>5/7/2018</u> Date

Executed at Tampa, Florida on the 7th day of May, 2018.

anthonied agent Michael Stine, Jr., Manager

(In accordance with section 605.0205(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)