

LR000084430

Florida Department of State

Division of Corporations
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Division of Corporations
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FLORIDA LIMITED LIABILITY CO.

LESLIE SEIDEN, M.D., LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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TALLAHASSEE, FL

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**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I NAME**

The name of the Limited Liability Company is:

LESLIE SEIDEN, M.D., LLC

ARTICLE II ADDRESS

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

10682 NORTHGREEN DRIVE

WELLINGTON, FLORIDA 33449

ARTICLE III REGISTERED AGENT

The name and the Florida street address of the registered agent are:

LESLIE SEIDEN, M.D.

10682 NORTHGREEN DRIVE

WELLINGTON, FLORIDA 33449

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.

X /s/ Leslie Seiden, M.D.
LESLIE SEIDEN, M.D. / Registered Agent's signature

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ARTICLE IV AUTHORIZED PERSON(S)

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

AUTHORIZED MEMBER

LESLIE SEIDEN, M.D.

10682 NORTHGREEN DRIVE

WELLINGTON, FLORIDA 33449

.....

X /s/ Leslie Seiden, M.D. _____
LESLIE SEIDEN, M.D. / Authorized Representative's signature

(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.)

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