

4/20/2020

Division of Corporations

L200001150903
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H20000115090 3)))



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Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
 Fax Number : (850)617-6381

From:

Account Name : LEGALZOOM.COM INC.
 Account Number : I20010000062
 Phone : (323)962-8600
 Fax Number : (323)962-3889

*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: _____

FLORIDA LIMITED LIABILITY CO.

Andrew M. Wolff, M.D., PLLC

Certificate of Status	0
Certified Copy	1
Page Count	06
Estimated Charge	\$155.00

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2020 APR 20 PM 3:27

SECRETARY OF STATE
 TALLAHASSEE, FL

2020 APR 20 PM 1:02

RECEIVED
 E-FILED

Matt Singam

From: limitedonline@dos.state.fl.us
Sent: Monday, April 6, 2020 3:03 PM
To: DL-Onlinefilings
Subject: Corporate Filing - 400342984284

*Supporting Docs attached
-CM*

Document Number: W20000035385

Entity Name: ANDREW M. WOLFF, M.D., PLLC Tracking Number: 400342984284 Pin Number: 4284

We received your online transmitted document. However, the document has not been filed for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of a voluntarily dissolved business entity - P93000048960. The name of a voluntarily dissolved business entity is not available for the assumption or use by another entity until 120 days after the effective date of dissolution unless the dissolved business entity provides the Department of State with a notarized affidavit, stating that they have no intention of revoking the dissolution, therefore, releasing the name for use to another entity.

To make the necessary corrections to your filing, return to our website at www.sunbiz.org <<http://www.sunbiz.org>> and select the filing type you are wanting to correct under the 'Filing Services' menu and click on the 'File or Correct' button.

Then enter your tracking number and pin number in correction box on the right hand side of the screen. Both of these numbers are listed in the top portion of this email. Next, simply click on "update filing" to access the document you previously submitted to our office.

Please disregard this letter if you have contacted our office and were advised how to correct your document online.

This filing will be considered abandoned in 60 days, if no response is received.

If you have any questions concerning your filing please call 850-245-6000.

Brenda Vorisek
Director
Division of Corporations

Letter Number: 200406160223-400342984284

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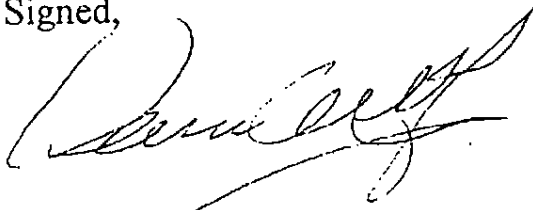
Andrew M. Wolff, M.D., P.A., F.A.A.O.S
Orthopaedic Surgeon
Board Certified

April 7, 2020

To Whom It May Concern:

I, Andrew M. Wolff, M.D., hereby release my name Andrew M. Wolff, M.D., P.A, to Legalzoom and give them full authorization to file the entity Andrew M. Wolff, M.D., PLLC on my behalf, as I will not be reinstating the dissolved business and have no intention of revoking the dissolution.

Signed,



Andrew M. Wolff, M.D.

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TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Andrew M. Wolff, M.D., PLLC
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:

Cheyenne Moseley, LegalZoom.com, Inc.

Name of Person

LegalZoom.com, Inc.

Firm/Company

101 N. Brand Blvd., 11th Floor

Address

Glendale, CA 91203

City/State and Zip Code

onlinefilings@LegalZoom.com

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

For further information concerning this matter, please call:

Cheyenne Moseley at (323) 962-8600 ext. 7625
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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TALLAHASSEE, FL

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Andrew M. Wolff, M.D., PLLC

(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:1630 S. Tuttle Ave.Sarasota, FL 34239

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:

Helen C Wolff

Name

7356 Point Of Rocks RoadFlorida street address (P.O. Box **NOT** acceptable)SarasotaFlorida34242

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:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR**Name and Address:**Andrew Martin Wolff1630 S. Tuttle Ave.Sarasota, FL 34239

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.

The sole and specific purpose for which the professional LLC is organized is to render the professional service of Medical Doctor**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.

Cheyenne Moseley, Legalzoom.com, Inc.

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)

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