

L 20000 391 325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

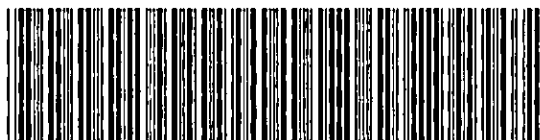
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000355866430

12/14/20--01033--017 **160.00

2020 DEC 14 PM 12:38

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: David Shapiro M.D. 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:

David Shapiro

Name of Person

David Shapiro M.D. LLC

Firm/Company

4031 Durkshy Drive

Address

Melbourne, FL 32940

City/State and Zip Code

Dave.Shap123@gmail.com

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

For further information concerning this matter, please call:

David Shapiro at (321) 795-3257

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

2007 JUL 14 PM 12:38

ARTICLES OF ORGANIZATION
FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DAVID SHAPIRO M.D. LLC

ARTICLE II - Address:

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

Principal Office Address:

4031 Durksly Drive
Melbourne, FL 32940

Mailing Address:

4031 Durksly Drive
Melbourne, FL 32940

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.)

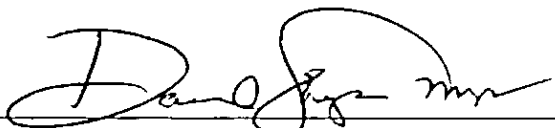
The name and the Florida street address of the registered agent are:

David Shapiro
Name

4031 Durksly Drive
Florida street address (P.O. Box **NOT** acceptable)

<u>Melbourne</u>	<u>FL</u>	<u>32940</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)

FILED IN 111233

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

MGR

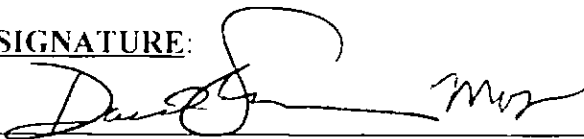
David Shapiro
4031 Durksly Drive
Melbourne, FL 32940

AMBR

Janet Shapiro
4031 Durksly Drive
Melbourne, FL 32940

ARTICLE V: Effective date, shall be the date of filing this Articles of Organization with the State of Florida.

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.

David Shapiro

Typed or printed name of signee

REC'D 11/14 PM 12:33