

L99000000 1441

Rachel Mayer

Requestor's Name

104 N. Orion Ave.

Address

Clearwater, FL 33765

City/State/Zip

Phone #

727-441-1194

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****285.00 ****285.00

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. _____
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☐ Walk in ☐ Pick up time _____ ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

99 MAR 15 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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L99-1441

Name	AL 3-15
Availability	
Document	ER
Examiner	
Updater	ER
Modeller	ER
Varifier	ER
Approval	ER
Verifier	ER

99 MAR 15 AM 11:25
DIVISION OF CORPORATION

RECEIVED

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY**

ARTICLES I - Name:

The name of the Limited Liability Company is:

Dermatologic and Cosmetic Surgery Center, LC

ARTICLES II - Address:

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

2666 Swamp Cabbage Court
Ft. Myers, FL 33901

ARTICLES III - Duration:

The period of duration for the Limited Liability Company shall be:

Thirty years

ARTICLES IV - Management:

(check and complete the appropriate statement)

☒ The Limited Liability Company is to be managed by a manager or managers and the names(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

Jean B. Eby
2666 Swamp Cabbage Court
Ft. Myers, FL 33901

☐ The Limited Liability Company is to be managed by the members and the names(s) and address(es) of the managing member(s) is/are:

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TALLAHASSEE, FLORIDA

ARTICLES V - Admission of Additional Members:

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be:

The remaining members have the right to admit additional member with the unanimous vote of the remaining members.

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ARTICLE VI-Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

The remaining members have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company.

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

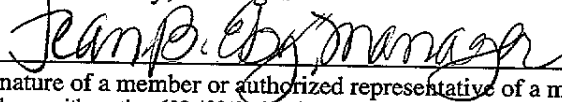
The undersigned member or authorized representative of a member of

Dermatologic and Cosmetic Surgery Center, LC

deposes and says:

- 1) the above named limited liability company has at least one member.
- 2) the total amount of cash contributed by the member(s) is \$ 5,000.00
- 3) if any, the agreed value of property other than cash contributed by member(s) is
\$ 10,000.00 . Medical equipment
- 4) the total amount of cash or property anticipated to be contributed by member(s) is
\$ 15,000.00 . This total includes amounts from 2 and 3 above.

Jean B. Eby, Manager



Signature of a member or authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes as affirmation under the penalties of perjury that the facts stated herein are true.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILING FEE: \$250 for Articles of Organization and Affidavit

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

**PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE
FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGIS-
TERED AGENT, IN THE STATE OF FLORIDA.**

1. The name of the limited liability company is:

Dermatologic and Cosmetic Surgery Center, LC

2. The name and address of the registered agent and office is :

Charles S. Eby

Name

2666 Swamp Cabbage Court

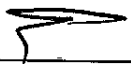
(P.O. Box not acceptable)

Ft. Myers, FL 33901

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.

Charles S. Eby


(Signature)

2/18/95
(Date)

FILING FEE: \$35 for Designation of Registered Agent

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA