

# L99 00000 5747

D. Skopp  
2353 N.E. 26TH Street  
Lighthouse Point, FL 33064

City/State/Zip

Phone #

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 #)

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- ☐ 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

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FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

August 25, 1999

D. SKOPP  
2353 N.E. 26TH STREET  
LIGHTHOUSE POINT, FL 33064

SUBJECT: E. AND L. PROPERTIES, L.L.C.  
Ref. Number: W99000019706

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We have received your document for E. AND L. PROPERTIES, L.L.C. and your check(s) totaling \$285.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Simply adding "of Florida" or "Florida" to the end of a name is not acceptable. Please select a new name and make the correction in all appropriate places. One or more words may be added to make the name distinguishable from the one presently on file.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6020.

Tammi Cline  
Document Specialist

Letter Number: 799A00042647

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

*E. and L. Property Management, L.L.C.*

**ARTICLE II - Address:**

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

*Glades Medical Plaza  
1590 N.W. 10<sup>TH</sup> Avenue #402  
Boca Raton, Florida 33486*

**ARTICLE III - Duration:**

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

*Perpetual*

**ARTICLE IV - Management:**

(Check the appropriate box and complete the statement)

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

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

*David M. Stopp, DDS  
2353 N.E. 26<sup>TH</sup> Street  
Lighthouse Point, FL 33064*

**ARTICLE V - Admission of Additional Members:**

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

*N.A.*

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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:

*N.A.*

**ARTICLE VII - Affidavit of Membership and Contributions**

The undersigned member or authorized representative of a member of *E. and L. Property Management,*  
*L.L.C.* certifies:

- 1) the above named limited liability company has at least one member;
- 2) the total amount of cash contributed by the member(s) is \$ *0*;
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ *300,000*;  
(A description of the property is attached and made a part hereto.); and
- 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is \$ \_\_\_\_\_.

  
Signature of a member or an authorized representative of a member.

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

*David M. Skopp*

Typed or printed name of signer

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**Filing Fee: \$250.00 for Articles 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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: E. and L. Property Management, L.L.C.

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

David M. Skopp  
NAME  
2353 N.E. 26<sup>th</sup> Street  
Florida street address (P. O. Box NOT ACCEPTABLE)  
Lighthouse Point FL 33064  
CITY, STATE AND ZIP

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*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.*

[Signature]  
SIGNATURE

**Filing Fee: \$ 35 for Designation of Registered Agent**

## **ARTICLE VII- Affidavit of Membership and Contributions**

**3. The property is a condo suite located at:**

**Glades Medical Plaza  
1590 Northwest 10<sup>th</sup> Avenue  
Suite #402  
Boca Raton, Florida 33486**

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