# L99000005747

P. Skopp 2353 N.E. 26TH Street Lighthouse Point, FL 33064	
City/State/Zip Phone #	Office Use Only
ORPORATION NAME(S) & DOCUMENT	NUMBER(S), (if known):

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☐ Walk in	Pick up time	Certified Copy					

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☐ Mail out	☐ Will wait	Photocopy	Certificate of Status

NEW FILINGS			
Profit			
NonProfit .			
Limited Liability			
Domestication			
Other			

AMENDMENTS
Amendment
Resignation of R.A., Officer/Director
Change of Registered Agent
Dissolution/Withdrawal
Merger -

OTHER FILINGS
Annual Report
Fictitious Name
Name Reservation

REGISTRATION/QUALIFICATION
Foreign
Limited Partnership
Reinstatement
Trademark
Other

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Examiner's Initials



## 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

SECRETARY OF STATE

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 Medica (Plaza 1590 N.W. 10 # Avenue #402 Boca Raton, Florida 33486 ARTICLE III - Duration:

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

Perpetual

99 SEP 14 AM 9: 49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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. 26TH Street Lighthause 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. .

#### **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:

ARTICLE VII - Affidavit of Membership and Contributions

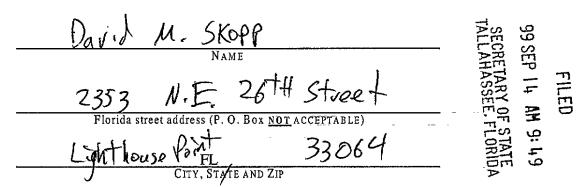
The undersigned member or authorized representative of a member of <u>E. aul L. Pro</u> certifies:	operty Managem
1) the above named limited liability company has at least one member; 2) the total amount of cash contributed by the member(s) is	<u></u>
3) if any, the agreed value of property other than cash contributed by member(s) is \$	<u></u>
$M_{\bullet}$	
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.)  Typed or printed name of signee	FILED 99 SEP   4 AM 9: 4: SECRETARY OF STATE ALLAHASSEE. FLORID

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



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.

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

> 99 SEP 14 AM 9: 49 SECRETARY OF STATE