Page 1 of 1

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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.

(((H00000035338 3)))

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)922-4003

From:

Account Name

: MICHAEL A. PYLE, P.A.

Account Number : 1200000000053 Phone

Fax Number

: (904)615-9007 : (904)676-2615

LIMITED LIABILITY COMPANY

TEAMS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

Electronic Filing Menus

Cornorate, Filing.

Public Access Help.

H00000035338 3

ARTICLES OF ORGANIZATION

OF

TEAMS, LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, hereby executes the following Articles of Organization.

ARTICLE I, NAME

The name of the Limited Liability Company is: TEAMS, LLC

ARTICLE II. ADDRESS

The street address and the mailing address of the principal office of the Company is: 802 Sterthaus Avenue, Ormond Beach 32174

ARTICLE III. REGISTERED OFFICE AND AGENT

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

Michael K. Makowski, M.D. 802 Sterthaus Avenue Ormond Beach, Florida 32174

IN WITNESS WHEREOF, the undersigned Members have executed these Articles of Organization on this <u>5th</u> day of July, 2000.

ALAN D. SPERTUS, M.D.

Member

MICHAEL K. MAKOWSKI, M.D.

Member

(In accordance with Section 608.408(2), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

H00000035338 3

H00000035338 3

ACCEPTANCE OF DESIGNATION

Having been named Registered Agent to accept service of process for the above stated Limited Liability Company at the place designated in the above Articles of Organization, I hereby accept the appointment as registered agent and 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 provided in Chapter 608, Florida Statutes.

MICHAEL K. MAKOWSK

Registered Agent

FILED

OD JUL -5 PM 2: 38

SECRETARY OF STATE