

L000000012601

Jonathan M. Lewis  
245 25<sup>th</sup> Ave. North  
St. Petersburg, FL 33704  
(727) 551-2048

3-Oct-00

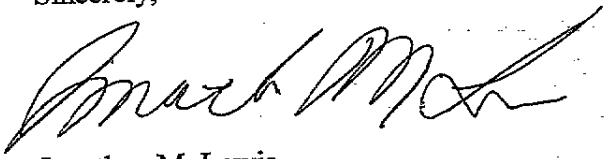
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\*\*\*\*125.00 \*\*\*\*125.00

Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314  
(850) 487- 6051

Division of Corporations Representative:

I am submitting the enclosed *Articles of Organization* and required check for the appropriate filing fees.

Sincerely,



Jonathan M. Lewis

00 OCT -9 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

L00-12601  
OR

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

ADVANCED BIOMEDICAL CONSULTING, LLC

## ARTICLE II - Address:

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

245 25<sup>th</sup> AVE. NORTH, St. Petersburg, FL 33704

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

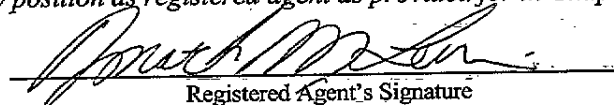
JONATHAN M. LEWIS

245 25<sup>th</sup> AVE. North

Florida street address (P.O. Box **NOT** acceptable)  
ST. PETERSBURG, FL 33704

City, State, and Zip

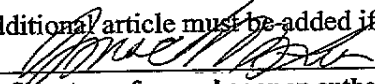
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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 608, F.S.*

  
Registered Agent's Signature

## Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

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

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

JONATHAN M. LEWIS  
Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
00 OCT -9 PM 5:00  
FILED

### FILING FEES:

- \$ 100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)