

LD3 000053310

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : RICHARD G. COKER, JR., P.A.
Account Number : 120010000145
Phone : (954) 761-3636
Fax Number : (954) 761-1818

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATION

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LIMITED LIABILITY COMPANY

CenterPoint, LLC

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

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OR

12/18/2003 TUE 10:24 FAX 954 761 1818 COKER & FEINER
SENT BY: STEVE ZADRICK; 3528675536;
12/18/2003 MON 11:26 FAX 954 761 1818 COKER & FEINER

DEC-15-03 8:17PM;

002/003
PAGE 6/8
006/008

H03000336496 3

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

CenterPoint, LLC

ARTICLE II - Address:

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

Principal Office Address:

4925 NW 70th Avenue

Ocala, FL 34482

Mailing Address:

4925 NW 70th Avenue

Ocala, FL 34482

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

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

Rod A. Feiner, Esquire

Name

1404 South Andrews Avenue

Florida street address (P.O. Box NOT acceptable)

Fort Lauderdale

FLORIDA 33316

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, Florida Statutes.



Registered Agent's Signature

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FOR FOR 181 1818 COKER & FEINER

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003/003
PAGE 7/8
007/008

H03000336496 3

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Steve Zadrack

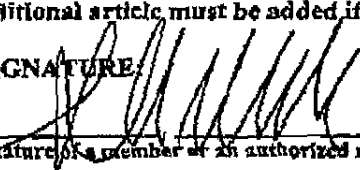
4925 NW 70th Avenue

Ocala, Florida 34482

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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.)

Steve Zadrack

Stephen Zadrack
Typed or printed name of signer

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)

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