

L08000079845

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ *Certificates of Status _____

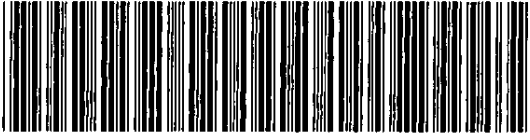
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

AUG 21 2008

EXAMINER



100134525361

08/20/08--01013--016 **130.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
08 AUG 20 AM 11:56

Carol Kane
3536 East Sandpiper Drive #3
Boynton Beach, FL 33436
Tele: 561-809-1402

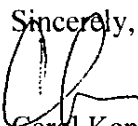
Florida Department of State
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

To Whom It May Concern:

Please find enclosed my Articles of Organization and Designation of Registered Agent for Clinical Concepts Medical LLC. I have enclosed a check in the amount of \$130.00 of which \$125.00 Filing Fee and \$5.00 is for the Certificate of Status.

The nature of business will be Clinical Consulting Services.

Please feel free to contact me with any questions.

Sincerely,

Carol Kane

Enclosure/Articles of Organization & Designation of Registered Agent / Check #1148 in the amount of \$130.00 for Filing Fee & Certificate of Status

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Clinical Concepts Medical LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Carol Kane

(Name of Person)

(Firm/Company)

3536 East Sandpiper Drive #3

(Address)

Boynton Beach, FL 33436

(City/State and Zip Code)

For further information concerning this matter, please call:

Carol Kane at (**561**) **809-1402**
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Clinical Concepts Medical LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

3536 East Sandpiper Drive, #3
Boynton Beach, FL 33436

3536 East Sandpiper Drive, #3
Boynton Beach, FL 33436

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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


Carol Kane
Name

3536 East Sandpiper Drive, #3
Florida street address (P.O. Box NOT acceptable)

Boynton Beach, FL 33436
City, State, and Zip

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 AUG 20 AM 11: 56

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 (REQUIRED)

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:

MGR

Carol Kane

3536 East Sandpiper Drive, #3

Boynton Beach, FL 33436

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Carol Kane

Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)