

LO9000007449

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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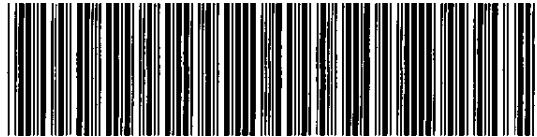
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. HAWKES
JAN 23 2009
EXAMINER

MyCorporation

An Intuit Company

21215 Burbank Blvd. Ste. 400
Woodland Hills, CA 91367

intuit.

Toll-Free: 888-692-6771 | Direct: 818-436-8225 | FAX: 818-879-8005

E-mail: info@mycorporation.com

ROUTINE SERVICE FILING REQUEST

Monday, November 24, 2008

Division of Corporations
Florida Department of State
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: *Vein Centers of America LLC*

Ladies and Gentlemen:

Please find enclosed for filing Articles of Organization for the above referenced company.

Enclosed is a check in the amount of \$155.00 for filing and for a **certified copy**.

Please return the **certified copy** to the address below.

Thank you for your assistance.

Sincerely,

MyCorporation, an Intuit Company
Attn: Fulfillment Dept.
21215 Burbank Blvd. Ste. 400
Woodland Hills, CA 91367

**Articles of Organization
For
Vein Centers of America LLC
Florida Limited Liability Company**

ARTICLE I - Name:

The name of the Limited Liability Company is Vein Centers of America LLC.

ARTICLE II - Address:

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

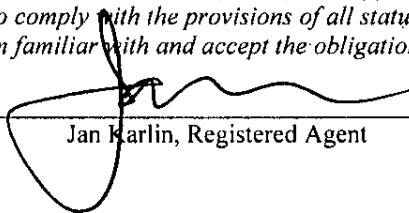
7600 Dr. Phillips Blvd., Ste 58 & 74
Orlando, FL 32819

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

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

Jan Karlin
7600 Dr. Phillips Blvd., Ste 58 & 74
Orlando, FL 32819

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.

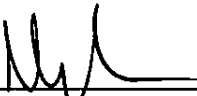


Jan Karlin, Registered Agent

ARTICLE IV - Management:

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:

Jan Karlin
7600 Dr. Phillips Blvd., Ste 58 & 74
Orlando, FL 32819



Meghan Record, Organizer

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