

4/24/2015

Apr 24, 2015

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Gray Robins

Division of Corporations

No 016

P. 1

Florida Department of State
Division of Corporations
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From: Carrie Ramos, Paralegal please fax confirmation to 407-244-5690
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Account Number : 120010000078
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**FLORIDA LIMITED LIABILITY CO.
Research Institute of Central Florida, LLC**

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I
Name

The name of this Limited Liability Company is:

Research Institute of Central Florida, LLC

ARTICLE II
Address

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

2830 Casa Aloma Avenue
Winter Park, Florida 32792

ARTICLE III
Management

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

ARTICLE IV
Initial Board of Managers

This Limited Liability Company shall have one (1) manager initially. The number of managers may be either increased or decreased from time to time in accordance with the Operating Agreement of this Limited Liability Company, but shall never be less than one.

The name and address of the initial manager of this Limited Liability Company are as follows:

<u>Name</u>	<u>Street Address</u>
Gregory P. Samano, II, D.O.	2830 Casa Aloma Avenue Winter Park, FL 32792

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TALLAHASSEE, FLORIDA

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**ARTICLE V
Registered Agent, Registered Office & Registered Agent's Signature**

The name and the Florida street address of the Registered Agent of this Limited Liability Company is:

Gregory P. Samano, II, D.O.
2830 Casa Aloma
Winter Park, FL 32792

Having been appointed as registered agent to accept service of process for this limited liability company at the place so designated in these Articles of Organization, I hereby accept this appointment as registered agent and agree 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 605, F.S.



REGISTERED AGENT'S SIGNATURE

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in S. 817.155, F.S.)



AUTHORIZED REPRESENTATIVE'S SIGNATURE

Gregory P. Samano, II, D.O., Authorized Representative
Type or printed name of signee

15 APR 24 PM 4:58
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STATE
TALLAHASSEE
FLORIDA

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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