

L99000005435

August 23, 1999

To whom it may concern,

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-08/27/99-01089-007  
\*\*\*293.75 \*\*\*293.75

This is to inform you that Pamela F. Cohen and Suzanne Humen are starting a new business called Lymphatics + L.L.C. Our addresses are:

Pamela F. Cohen  
7572 Andorra Place  
Boca Raton, FL 33433  
561-416-1789  
954-454-7575

Suzanne Humen  
800 Parkview Drive #522  
Hallandale, FL 33009  
954-454-9352  
954-454-7575

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U.S. DEPT. OF JUSTICE  
DIVISION OF INVESTIGATION

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Yours sincerely,

Pamela F. Cohen

*Pamela F. Cohen RPT*

Suzanne Humen

*Suzanne Humen OTR*

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

Lymphatics + , L.L.C.

## ARTICLE II - Address:

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

Lymphatics + , L.L.C.  
7572 Andorra Place  
Boca Raton, Florida 33433

## ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

30 Years

## ARTICLE IV - Management:

(Check the appropriate box and complete the statement)

The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

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:

Suzanne Humen  
800 Parkview Dr. Apt#522  
Hallendale, Florida 33009

Pamela F. Cohen  
7572 Andorra Place  
Boca Raton, Florida 33433

## ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

The remaining members may admit additional members upon the majority vote of the remaining members consenting to the admission of the additional member.

SECRETARY OF STATE  
CORPORATION DIVISION  
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**ARTICLE VI - Members Rights to Continue Business:**

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

The remaining members have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or the dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company upon the majority vote of the remaining members.

**ARTICLE VII - Affidavit of Membership and Contributions**

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SECRETARY  
DIVISION

The undersigned member or authorized representative of a member of Lymphatics + L.L. certifies:

- 1) the above named limited liability company has at least one member;
- 2) the total amount of cash contributed by the member(s) is \$ 200.00;
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ 0;  
(A description of the property is attached and made a part hereto.); and
- 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is \$ 500.00.

Suzanne Humen *Suzanne Humen OTR*  
Signature of a member or an authorized representative of a member.

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

Suzanne Humen OTR  
Typed or printed name of signee

**Filing Fee: \$250.00 for Articles and Affidavit**

**CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: Lymphatics + L.L.C.

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

Pamela F. Cohen RPT  
NAME

7572 Andorra Place Boca Raton, FL 33433  
Florida street address (P. O. Box **NOT** ACCEPTABLE)

Boca Raton FL 33433  
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.*

Pamela F. Cohen RPT  
SIGNATURE

**Filing Fee: \$ 35 for Designation of Registered Agent**