

L99000005480

X

LAW OFFICES OF
W.R. KLEIN, P.A.
 P.O. Box 3016
 Sarasota, Florida 34230-3016
 Address
 City/State/Zip Phone #
 Jay 941-365-1930

FILED
 99 AUG 23 PM 1:38
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Theamed, LLC, Inc. (Corporation Name) 000002967550-1 (Document #)
 -08/23/99-01150-010
 ***285.00 ***285.00
2. _____ (Corporation Name) _____ (Document #)
3. _____ (Corporation Name) _____ (Document #)
4. _____ (Corporation Name) _____ (Document #)

FLUC
 9/1/99
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- Walk in Pick up time _____ Certified Copy
 Mail out Will wait Photocopy Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/ Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

Jay GAVE
 AUTHORIZATION BY PHONE TO Christie N. ...
 CORRECT ... L.L.C.
 DATE 8/27/99
 DOC. EXAM. alt date 9/1/99

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Name Availability	<u>alt 9/1/99</u>
Document Examiner	<u>alt</u>
Updater	
Updater Verifier	
Acknowledgement	
W. P. Verifier	

BILING 250.00
 3. COPY _____
 R. AGENT 35.00
 TOTAL 285.00
 BALANCE DUE \$ _____
 DEFUND \$ _____

Examiner's Initials _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

THERAMED, L.L.C.

ARTICLE II - Address:

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

7147 CURTISS AVENUE
SARASOTA, FL 34231

ARTICLE III - Duration:

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

PERPETUAL

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:

TONY LUJAN 3635 GLEN RIDGE ROAD, SARASOTA,
FL 34233

STEVEN TUCCI 1447 PEREGRINE POINT DRIVE,
SARASOTA, FL 34231

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:

AS DETERMINED BY CONSENT OF THE 2/3 OF THE
EXISTING MEMBERS, BUT IN NO CASE LESS THAN
(2) TWO OF THE EXISTING MEMBERS.

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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:

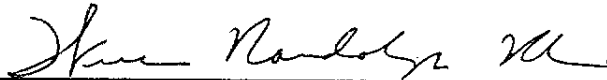
The remaining members of the limited liability company have the right to continue the business of the company if any of the above referenced events occur, subject to the terms of any proper buy, sell agreement between the parties.

ARTICLE VII - Affidavit of Membership and Contributions

The undersigned member or authorized representative of a member of THERAMED, L.L.C.

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 \$ 1,000.00;
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ Ø;
(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 \$ 1,000.00.



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.)

WILLIAM RANDOLPH KLEIN

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.

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1. The name of the limited liability company is: THERAMED, L.L.C.

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

 WILLIAM RANDOLPH KLEIN
NAME

 1900 MAIN STREET, SUITE 210
Florida street address (P. O. Box NOT ACCEPTABLE)

 SARASOTA, FL 34236
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.

 William Randolph Klein
SIGNATURE

Filing Fee: \$ 35 for Designation of Registered Agent