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CAPITAL CONNECTION, INC. 417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904)224-8870 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302 TOLL FREE No. 1-800-342-8062 FAX (904) 222-1222	RE: RADON (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
NAME	Coplini Express **  Art. of Inc. File  Corp. Record Search  Ltd. Partnership File  Foreign Corp. File  ( ) Cort. Copy(5)
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34/6/16	FEE
REQUEST TAKEN CONFIRMED APPROVED  DATE CK No	PREPAID
WALK-IN DE LE	Please remit invoice number with payment TERMS: NET 10 DAYS FROM INVOICE DATE 1 1/2% per monih on Past Due Amounts from

11-2528-7 PONDER'S INC., THOMASVILLE, GA.

Please remit invoice number with payment TERMS: NET 10 DAYS FROM INVOICE DATE 1 1/2% per month on Past Due Amounts Past 30 Days, 18% per Annum.

THANK YOU from Your Capital Connection

. .

## ARTICLES OF ORGANIZATION OF

S6 MAY -6 PM 2: 10 TÄEEAHASÜLE, FEORIOA

#### PROPHECY GROUP, L.C.

The undersigned subscribers, being the organizers of these Articles of Organization, hereby form a limited liability company under the laws of the State of Florida, Florida Statutes, Chapter 608 as follows:

#### ARTICLE I NAME

The name of this limited liability company shall be PROPHECY GROUP, L.C..

#### ARTICLE II DURATION

This limited liability company shall exist no longer than thirty (30) years from the date of filing with the Department of State.

## ARTICLE III PURPOSE AND POWERS

This limited liability company is organized for the purpose of conducting any and all lawful business not in conflict with the Statutes of the State of Florida. This limited liability company shall have all powers enumerated in Chapter 608, Florida Statutes.

## ARTICLE IV PRINCIPAL OFFICE AND MAILING ADDRESS

The principal place of business of the limited liability company is at 1005 West College Boulevard, Suite A, Niceville, Florida 32578. The mailing address of the limited liability company is 1005 West College Boulevard, Suite A, Niceville, Florida 32578.

## ARTICLE Y INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this limited liability company is 5 Clifford Drive, Shalimar, Florida 32579 and the name of the initial registered agent at that address is Daniel C. Perri.

#### ARTICLE VI CAPITAL

The capital of the limited liability company shall exist in real and/or personal property located in Niceville, Florida and having a value of one million one hundred thousand (\$1,100,000.00) dollars.

## ARTICLE VII MANAGEMENT

The name and address of the initial manager of the limited liability company is as follows:

Michael A. Harris 1005 West College Boulevard Suite A Niceville, Florida 32578

Management shall be by the person above named until such time as his death, resignation, incapacity or a majority of the members vote to remove him. A new manager or managers may be elected by a vote of a majority of the members. In the event that two or more persons should become managers then majority vote of the managers shall control.

## ARTICLE VIII INITIAL MEMBERS

There are two or more initial members of the limited liability company. The names and addresses of the initial members of this limited liability company are as follows:

Michael A. Harris 1005 West College Boulevard Suite A Niceville, Florida 32578

Michael A. Harris M.D.P.A. Pension Plan 1005 West College Boulevard Suite A Niceville, Florida 32578

Mark S. Calkins M.D.P.A. Retirement Plan and Trust 550 Twin Cities Boulevard Niceville, Florida 32578

Bone and Joint Clinic Profit Sharing Plan and Trust 194 Redstone Avenue Crestview, Florida 32536

Gregory W. Turner 4400 East Highway 20 Niceville, Florida 32578

## ARTICLE IX ADDITIONAL MEMBERS

The members of the limited liability company shall have the right to admit additional members upon a vote of the majority of the existing members.

## ARTICLE X DISSOLUTION

Upon the death, retirement, resignation, expulsion, bankruptcy, or dissolution of any member of this limited liability company or the occurrence of any other event which terminates the continued membership of a member of the limited liability company, the limited liability company shall be terminated unless the business is continued by the consent of all remaining members.

## ARTICLE XI TRANSFER OF INTEREST

A member may transfer that member's right to receive shares of profits and returns of capital contributions, but may not assign any of the rights to participate in the management or to be a member of the limited liability company unless prior written consent is obtained by the transferor from all remaining members.

IN WITNESS WHEREOF, the undersigned, being the members hereinbefore named, have hereunto set their hands and seals on this the 3.2 day of May, 1996, for the purpose of forming a limited liability company to do business both within and without the State of Florida and do make and file in the Office of the Secretary of State of Florida these Articles of Organization and certify that the facts herein stated above are true.

Michael A. Harris

Member

Muhl How no. P. A. Trucke

Michael A. Harris M.D.P.A. Pension Plan

By: Michael A. Harris, Trustee

Member

Mark S. Calkins M.D.P.A. Retirement Plan and Trust

By: Mark S. Calkins, Trustee

Member

Bone and Joint Clinic Profit Sharing Plan and Trust

By: Alfred H. Cardet, Trustee

Member

Gregory W. Turner

Member

#### STATE OF FLORIDA COUNTY OF OKALOOSA

The foregoing instrument was acknowledged before me this 3rd day of 2004, 1996 and who personally appeared Michael A. Harris, who has produced a valid driver's license as identification and did take an oath.

WITNESS my band and official and in the first section.

witness my hand and official seal in the State and County last aforesaid this 3<sup>11</sup> day of 1996.

Cindy Fuqua Meyer NOTARY PUBLIC My commission expires:

CINDY FUQUA MEYER My Commission C0312488 Expires Sep. 01, 1997 Bonded by HAI 800-422-1858

#### STATE OF FLORIDA COUNTY OF OKALOOSA

The foregoing instrument was acknowledged before me this 32 day of May, 1996 and who personally appeared Michael A. Harris M.D.P.A. Pension'Plan, by Michael A. Harris, Trustee, who has produced a valid driver's license as identification and did take an oath.

WITNESS my hand and official seal in the State and County last aforesaid this 3<sup>td</sup> day of May, 1996.

Cindy Fuqua Meyer NOTARY PUBLIC

My commission expires:

My Commission CC312488 Expires Sep. 01, 1997 Sonded by HAI 800-422-1555

## STATE OF FLORIDA COUNTY OF OKALOOSA

The foregoing instrument was acknowledged before me this 3<sup>rd</sup> day of May, 1996 and who personally appeared Mark S. Calkins M.D.P.A. Retirement Plan and Trust, by Mark S. Calkins, Trustee, who has produced a valid driver's license as identification and did take an oath.

WITNESS my hand and official seal in the State and County last aforesaid this 3th day of my, 1996.

Cindy Fudua Meyer NOTARY PUBLIC

My Commission expirest Fugua Meyer My Constitution CO312488

Donded by HAI

800-422-1555

STATE OF FLORIDA COUNTY OF OKALOOSA

WITNESS my hand and official seal in the State and County last aforesaid this 300 day of 1996.

Cindy Fuqua Meyer NOTARY PUBLIC

My commission expires:

CINDY FUQUA MEYER My Commission CG312488 Expires Sep. 01, 1997 Bonded by HAI 800-422-1088

STATE OF FLORIDA COUNTY OF OKALOOSA

The foregoing instrument was acknowledged before me this 3''d day of 1996 and who personally appeared Gregory W. Turner, who has produced a valid driver's license as identification and did take an oath.

WITNESS my hand and official seal in the State and County last aforesaid this 3<sup>rd</sup> day of 4704, 1996.

Qindy Fuqua-Meyer NOTARY PUBLIC

My commission expires:

CINDY FUQUA MEYER My Commission CC312488 Expires Sep. 01, 1997 Bonded by HAI 800-422-1558

# CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS Y = 6 - 1/4 (2011) WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED TALLAMATICAL AND A CONTROL OF THE SERVED TALLAMATICAL AND A CONTROL OF THE SERVED.

Pursuant to Section 608.415, Florida Statutes, the following is submitted: Prophecy Group, L.C., desiring to organize under the laws of the State of Florida with its principal place of business at 1005 West College Boulevard, Niceville, Florida 32578, has named Daniel C. Perri as its agent to accept service of process within the State of Florida and whose address is 5 Clifford Drive, Shalimar, Florida 32579.

Michael A. Harris, Member

Michael A. Harris M.D.P.A. Pension Plan By: Michael A. Harris, Trustee, Member

Mark S. Calkins M.D.P.A. Retirement Plan and Trust By: Mark S. Calkins, Trustee, Member

Bone and Joint Clinic Profit Sharing Plan and Trust

By Affred H. Cardet, Trustee, Member

Gregory W. Turner, Member

Having been named to accept service of process for the above named corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all Florida Statutes relative to the proper and complete performance of my duties.

Daniel C. Perri Registered Agent

#### **AFFIDAVIT**

96 MAY -6 PM 2: 10
TÄLLÄMÄSSEE FETATEA

## STATE OF FLORIDA COUNTY OF OKALOOSA

We, the undersigned members of Prophecy Group, L.C., after being duly sworn, do depose and state the following:

- 1. There are at least two (2) members of Prophecy Group, L.C.
- 2. Capital contribution to Prophecy Group, L.C. is as follows:

Names and Addresses of Members	Initial Capital <u>Contributions</u>	<u>Units</u>
Michael A. Harris 1005 West College Boulevard		
Suite A Niceville, Florida 32578	\$440,000.00	2
Michael A. Harris M.D.P.A. Pen 1005 West College Boulevard Suite A	sion Plan	
Niceville, Florida 32578	\$110,000.00	1/2
Mark S. Calkins M.D.P.A. Retire	ement Plan and Trust	
Niceville, Florida 32578	\$110,000.00	1/2
Bone and Joint Clinic Profit Shar 194 Redstone Avenue	ing Plan and Trust	
Crestview, Florida 32536	\$220,000.00	1
Gregory W. Turner		
4400 East Highway 20		
Niceville, Florida 32578	\$220,000.00	1

The value of the total contributions to Prophecy Group, L.C. is \$1,100,000.00.

3. There is no contribution of property other than that listed in paragraph 2 above.

Sworn to and subscribed by Bone and Joint Clinic Profit Sharing Plan and Trust by Alfred H. Cardet, Trustee before me on May 3, 1996.

Cindy Fuqua Meyer My commission expires: \*

OINDY FUOUA MEYEII My Convinication CO312408 Expires Rep. 01, 1997 Bondled by HAI 800-422-1888

Sworn to and subscribed by Gregory W. Turner before me on May 3, 1996.

Cindy Fuqua Meyer My commission expires:

CINDY FUQUA MEYER My Convinesion 00312488 Explose Sep. 01, 1997 Bonded by HAI 800-422-1868