

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L10000063878  
FILED 8:00 AM  
June 15, 2010  
Sec. Of State  
shawkes

**Article I**

The name of the Limited Liability Company is:

NEUROLOGY AND SLEEP CENTER, PLLC

**Article II**

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

2900 17TH STREET  
SUITE 3  
ST. CLOUD, FL. US 34769

The mailing address of the Limited Liability Company is:

2900 17TH STREET  
SUITE 3  
ST. CLOUD, FL. US 34769

**Article III**

The purpose for which this Limited Liability Company is organized is:

THE PLLC IS ORGANIZED TO ENGAGE IN THE PRACTICE OF MEDICINE  
AS A PROFESSIONAL LIMITED LIABILITY COMPANY, TO OWN &  
OPERATE A MEDICAL CLINIC PROVIDING MEDICAL TREATMENT, & TO  
ENGAGE IN SUCH OTHER LAWFUL ACTIVITIES NECESSARY OR USEFUL  
TO THE F

**Article IV**

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

SHEADA MADANI ESQUIRE  
37837 MERIDIAN AVENUE  
SUITE 100  
DADE CITY, FL. 33525

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.

Registered Agent Signature: SHEADA MADANI

### **Article V**

The name and address of managing members/managers are:

Title: MGRM  
TARIQ B IRFAN  
2900 17TH STREET, SUITE 3  
ST. CLOUD, FL. 34769 US

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### **Article VI**

The effective date for this Limited Liability Company shall be:

06/15/2010

Signature of member or an authorized representative of a member

Signature: SHEADA MADANI FOR TARIQ B. IRFAN