## 10300009355

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



300010586323

ALL AND STEE, FLORIDA

FILED
03 FEB -5 PM 1: 42

3FEB 5 PM 12:

亂



## FILED

03 FEB -5 PM 1: 42

JELRETARY OF STATE TALLAHASSEE, FLORIDA

ACCOUNT NO. : 072100000032

REFERENCE :

920116 87397

AUTHORIZATION :

		00		
<del></del>	COST LIMIT : \$ 12		<u> </u>	
ORDER DATE :	February 5, 2003	<del>*-</del> -		
ORDER TIME :	11:11 AM	_		
ORDER NO. =	920116-005	=	<del>-</del> ·	
CUSTOMER NO:	8739A	<u>≠</u>	•	
Si Sh Su 53	nathan Shepard, Esq egel Lipman Dunay & epard, Llp ite 801 55 Town Center Road ca Raton, FL 33486			
NAME:	DOMESTIC FILING DELRAY BEACH MEI	DICAL PAVILION,		
	EFFECTIVE DATE:	±	1 &	
CERTIE	ES OF INCORPORATION ICATE OF LIMITED PAY ES OF ORGANIZATION	RINERSHIP		
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:				
XX PLAIN	FIED COPY STAMPED COPY FICATE OF GOOD STANI	DING	<u>1</u> .	
CONTACT PERSO		1114 AMINER'S INITIALS:	<u>-</u>	

FILED

## ARTICLES OF ORGANIZATION OF

03 FEB -5 PM 1: 42

DELRAY BEACH MEDICAL PAVILION, LLC. UNLIANT OF STATE

TALLAHASSEE, FLORIDA

Article I - Name: The name of the Limited Liability Company is Delray Beach Medical Pavilion, LLC.

Article II - Address: The mailing address and street address of the principal office of the Limited Liability Company is 5355 Town Center Road, Suite 801, Boca Raton, Florida 33486.

Article III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

Jonathan L. Shepard 5355 Town Center Road, Suite 801 Boca Raton, Florida 33486

Having been named as registered agent and to accept service of process of the abovestated 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 as provided for in Chapter 608, F.S.

Jonathan L. Shepard

Jonathan L. Shepard,

Authorized Representative

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