

L00000001015

To: Dept of State

From: Jack Richardson, Member of LLC  
6001 Johns Road, Suite 235  
Tampa, FL 33634  
(800) 429-5844

Date: Jan 24 00

Re: New LLC

500003109985--1  
-01/25/00--01058--002  
\*\*\*125.00 \*\*\*125.00

Enclosed are the Articles of Organization for 'Armenia Medical Clinic, LLC'. If you see a problem, please call my toll free number (which goes to the cell phone) so that I can correct the problem immediately.

The \$125 check covers the cost of the filing fee as well as the designation of the registered agent.

Thanks

FILED  
00 JAN 25 PM 12:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

mt  
1/27

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

ARMENIA MEDICAL CLINIC, LLC

## ARTICLE II - Address:

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

4602 N. Armenia Ave. Suite B3

Tampa, FL 33603

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

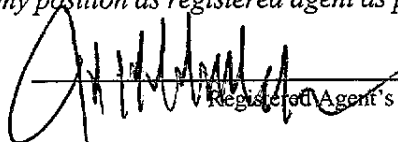
Jack Richardson

6001 Johns Rood, Suite 235

Florida street address (P.O. Box **NOT** acceptable)  
Tampa FL 33634

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 as provided for in Chapter 608, F.S.



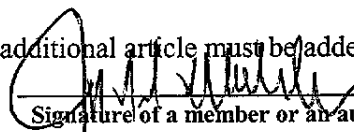
Registered Agent's Signature

FILED  
08 MAR 2005 PM 12:35  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

## Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

 Member  
Signature of a member or an authorized representative of a member.

(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.)

Jack Richardson

Typed or printed name of signee

## FILING FEES:

- \$ 100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)