

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32302
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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Medical Office Networks of
SANA SOTA, LLC

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****160.00 ****160.00

- ___ Art of Inc. File
- ___ LTD Partnership File
- ___ Foreign Corp. File
- ☒ L.C. File Cert
- ___ Fictitious Name File
- ___ Trade/Service Mark
- ___ Merger File
- ___ Art. of Amend. File
- ___ RA Resignation
- ___ Dissolution / Withdrawal
- ___ Annual Report / Reinstatement
- ☒ Cert. Copy
- ___ Photo Copy
- ☒ Certificate of Good Standing
- ___ Certificate of Status
- ___ Certificate of Fictitious Name
- ___ Corp Record Search
- ___ Officer Search
- ___ Fictitious Search
- ___ Fictitious Owner Search
- ___ Vehicle Search
- ___ Driving Record
- ___ UCC 1 or 3 File
- ___ UCC 11 Search
- ___ UCC 11 Retrieval
- ___ Courier

RECEIVED
00 FEB 14 AM 10:15
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA
00 FEB 14 PM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signature

Requested by:

Name

Date

Time

Walk-In

Will Pick Up

2-14-00

ARTICLES OF ORGANIZATION

OF

Medical Office Networks Of Sarasota, LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

ARTICLE I - NAME:

The name of the limited liability company shall be:

Medical Office Networks Of Sarasota, LLC ("company")

ARTICLE II - ADDRESS:

The mailing address and street address of the principal office of the company shall be:

2491 South Lockwood Ridge Road
Sarasota, Florida 34239

ARTICLE III - REGISTERED OFFICE AND AGENT

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

John E. Napolitano
677 North Washington Boulevard
Suite 1-A
Sarasota, Florida 34236

Having been named as the 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.


John E. Napolitano
Registered Agent

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.


Signature of a member

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

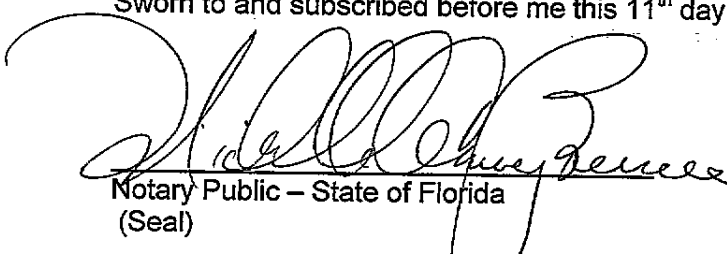
(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

IN WITNESS WHEREOF, the undersigned organizer has made and subscribed these articles of organization in Sarasota, Florida, on this 11th day of February 2000.


Thomas L. Jenkins
Member

STATE OF FLORIDA
COUNTY OF SARASOTA

Sworn to and subscribed before me this 11th day of February 2000, by Thomas L. Jenkins.


Notary Public – State of Florida
(Seal)

Personally Known _____
Identification Produced _____ 



00 FEB 14 AM 11:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED