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Florida Department of State
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To: Division of Corporations
Fax Number : (850) 922-4003

From: Account Name : SCOTT A. ELK, P.A.
Account Number : I19980000040
Phone : (561) 368-8800
Fax Number : (561) 394-3699

LIMITED LIABILITY COMPANY

Taylor, Pierce and Grayson, LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

**ARTICLES OF ORGANIZATION
OF
TAYLOR, PIERCE AND GRAYSON, LLC**

The undersigned, for purposes of forming a limited liability company in accordance with the Florida Limited Liability Company Act, do hereby state the following:

1. **NAME.** The name of the limited liability company shall be Taylor, Pierce and Grayson, LLC (the "Company").
2. **DURATION.** The period of the Company's duration is perpetual from the date of filing the Articles of Organization with the Florida Secretary of State, unless sooner dissolved by the members, unless extended by its members, or as provided by statute.
3. **PURPOSE.** The purposed for which the Company has been formed is to engage in any lawful act, activity or business not contrary to and for which a limited liability company may be formed under the laws of the State of Florida, and to have and exercise all powers, rights and privileges conferred by the laws of Florida on limited liability companies, including but not limited to the performance of services, buying, leasing or otherwise acquiring and holding, using or enjoying and selling, leasing or otherwise disposing of any interest in any property, real or personal, tangible or intangible, or whatever nature and wheresoever situated, and buying, selling and holding stocks, bonds, or any other security of any issuer as the Company may, at any time and from time to time, deem advisable.
4. **OFFICE.** The mailing address and street address, in the State of Florida where the principal office of the Company is to be located, is:

16244 South Military Trail
Suite 610
Delray Beach, FL 33484

5. **REGISTERED AGENT.** The name and address of Company's registered agent, whose Consent to Appointment as Registered Agent is included with this Articles of Organization, is:

Eric J. Rothchild, M.D.
16244 South Military Trail
Suite 610
Delray Beach, FL 33484

6. **ADMISSION OF ADDITIONAL MEMBERS:** The Company has two (2) or more members. Additional members may be admitted only on the terms that are unanimously agreed to by all members in the Operating Agreement. The initial member and their membership interest in the Company is:

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Eric J. Rothchild, M.D. (99.0% membership interest); and
The Audrey Rothchild Revocable Trust Agreement dated October 9, 1998
(1.0% membership interest).

7. CONTINUITY. The remaining members of the Company will have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in this Company.
8. MANAGEMENT. The business of the Company will be conducted under the exclusive management and be limited to its members who will vote according to their proportionate interest in the Company and shall have exclusive authority to act for the Company in all matters. The names and addresses of the members are:

Eric J. Rothchild, M.D.
16244 South Military Trail
Suite 610
Delray Beach, FL 33484

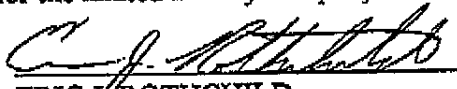
ORIGINAL APPOINTMENT OF AGENT

The undersigned, being all of the members of Taylor, Pierce and Grayson, LLC, a limited liability company organized under the laws of the State of Florida, hereby appoint Eric J. Rothchild, M.D., a natural person who is a resident of this State, as registered agent upon whom any process, notice or demand required or permitted by statute to be served upon the Company may be served.

His complete address is: Eric J. Rothchild, M.D.
16244 South Military Trail
Suite 610
Delray Beach, FL 33484

ACCEPTANCE OF AGENT

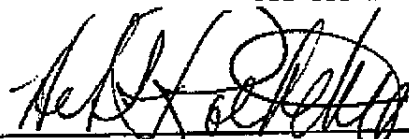
The undersigned, named herein as the statutory registered agent for RE Leasing L.L.C., hereby acknowledges and accepts the appointment of registered agent, and is familiar with and accepts the obligations of the position of Registered Agent for the limited liability company.

 (L.S.)
ERIC J. ROTHCHILD

IN WITNESS WHEREOF, we have hereunto subscribed our names to this Certificate of Formation on this 16th day of February, 2000.

 (L.S.)
ERIC J. ROTHCHILD

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 (L.S.)

HERBERT ROTHCHILD, as co-trustee of
the Audrey Rothchild Revocable Trust
Agreement dated October 9, 1998

 (L.S.)

AUDREY ROTHCHILD, as co-trustee of
the Audrey Rothchild Revocable Trust
Agreement dated October 9, 1998

STATE OF Florida)
) ss:
COUNTY OF Palm Beach)

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State
aforesaid and in the County aforesaid, to take acknowledgments, personally appeared ERIC J.
ROTHCHILD, M.D.,

☒ personally known to me, or
☐ has produced _____ as identification

and who executed the foregoing instrument and acknowledged before me that he executed the
same.

WITNESS my hand and official seal in the County and State last aforesaid this 16 day
of February, 2000.

Atlantic Bonding Co., Inc.
Bonded There
Expires Aug. 31, 2003
Commission # GC 853797
Bonnie L. Areson



My Commission Expires:
My Commission No. is:


(Signature)
Bonnie Areson
(Printed Name)

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DIVISION OF CORPORATIONS

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STATE OF Florida)
) ss:
COUNTY OF Palm Beach)

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid, to take acknowledgments, personally appeared HERBERT ROTHCHILD as Co-Trustee of the Audrey Rothchild Revocable Trust Agreement dated October 9, 1998,

☒ personally known to me, or
☐ has produced _____ as identification

and who executed the foregoing instrument and acknowledged before me that he executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 16 day of February, 2000.



Bonnie L. Arason
Commission # GG 833797
Expires Aug. 31, 2003
Bonded Thru
Atlantic Bonding Co., Inc.
My Commission Expires:
My Commission No. is:

Bonnie Arason
(Signature)
Bonnie Arason
(Printed Name)

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STATE OF Florida)
) ss:
COUNTY OF Palm Beach)

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid, to take acknowledgments, personally appeared AUDREY ROTHCHILD as Co-Trustee of the Audrey Rothchild Revocable Trust Agreement dated October 9, 1998,

☒ personally known to me, or
☐ has produced _____ as identification

and who executed the foregoing instrument and acknowledged before me that he executed the same.

WITNESS my hand and official seal in the County and State last aforesaid this 16 day of February, 2000.



Bonnie L. Arason
Commission # GG 833797
Expires Aug. 31, 2003
Bonded Thru
Atlantic Bonding Co., Inc.
My Commission Expires:
My Commission No. is:

Bonnie Arason
(Signature)
Bonnie Arason
(Printed Name)