



# L000000002192

ACCOUNT NO. : 072100000032

REFERENCE : 597675 81823A

AUTHORIZATION :

*Patricia Pujit*

COST LIMIT : \$ 125.00

ORDER DATE : February 22, 2000

ORDER TIME : 3:53 PM

ORDER NO. : 597675-005

700003148957--1

CUSTOMER NO: 81823A

CUSTOMER: Stephen Navaretta, Esq  
NAVARETTA & NAVARETTA  
NAVARETTA & NAVARETTA  
Suite 203  
1100 Sw St. Lucie West Blvd  
Port St. Lucie, FL 34986

DOMESTIC FILING

NAME: PSL PROFESSIONAL CENTER, LLC

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION  
       CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
       CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds

EXAMINER'S INITIALS:

APPROVED  
AND  
FILED

00 FEB 25 AM 8:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED  
FEB 25 PM 4:34  
TALLAHASSEE, FLORIDA

*[Handwritten signature]*

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

PSL PROFESSIONAL CENTER, LLC

## ARTICLE II - Address:

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

1100 Southwest St. Lucie West Boulevard, Suite 203, Port Lucie, Florida 34986

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

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

Corporation Service Company		
Name		
1201 Hays Street		
Florida street address (P.O. Box <b>NOT</b> acceptable)		
Tallahassee	FL	32301
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..*

*Laura R. Dunlap*

Registered Agent's Signature

## 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)

*Laura R. Dunlap*

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.)

Laura R. Dunlap

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)

APPROPRIATE  
AND  
FILED  
00 FEB 25 AM 8:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### LIMITED POWER OF ATTORNEY

The undersigned hereby designates Corporation Service Corporation ("CSC"), a Delaware corporation qualified to do business in the State of Florida, as its attorney-in-fact for the limited purpose of executing on behalf of the undersigned the original Articles of Organization of PSL PROFESSIONAL CENTER, LLC (the "LLC"), a Florida limited liability company, for the further purpose of filing such Articles of Organization with the State of Florida Department of State, and for no other purpose. The power granted hereby shall be exercisable and effective upon execution of this Limited Power of Attorney by the undersigned and upon delivery of the original or a copy thereof by facsimile or other means to CSC. This grant of power shall be revoked immediately after the filing of the Articles of Organization of the LLC with the State of Florida Department of State. All parties who review the original or a copy of this Limited Power of Attorney may rely upon it and the exercise of the limited power granted herein by CSC without making further inquiry as to the matters described herein or the authority of CSC to act hereunder.

This Limited Power of Attorney is executed on this 23<sup>RD</sup> day of February, 2000

Susan V. Thomas

Witness

SUSAN V. THOMAS

TYPED OR PRINTED NAME

Gary Coronell

Witness

GARY D. CORONELL

TYPED OR PRINTED NAME

Ward I. Snyder

Signature

WARD I. SNYDER

TYPED OR PRINTED NAME

WARD I. SNYDER  
TRUSTEE, LMLK TRUST

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 FEB 25 AM 8:57

APPROVED  
AND  
FILED