

Florida Department of State

Division of Corporations
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Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850) 922-4003

From:

Account Name : CORPORATE & CRIMINAL RESEARCH SERVICES

Account Number: 110450000714
Phone: (850)222-1173
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LIMITED LIABILITY COMPANY

TB AND F II, L.L.C.

Certificate of Status 0
Certified Copy 1
Page Count 02
Estimated Charge \$155.00

1 of 2

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ARTICLES OF ORGANIZATION OF TB AND F II, L.L.C.

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I - Name:

The name of the Limited Liability Company is TB AND F II, L.L.C.

ARTICLE II - Address:

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

1117 East Hallandale Beach Boulevard, Suite 6, Hallandale, Florida 33009.

ARTICLE III — Duration:

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV - Management:

The Limited Liability Company will be a manager-managed company.

ARTICLE V - Registered Agent:

The name and address of the registered agent for service of process in the state shall be Leon Behar, M.D., 1117 East Hallandale Beach Boulevarli, Shite 6, Hallandale, Florida 33009.

Leon/Bel

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

TB AND FILLL.C.

2. The name and address of the registered agent and office is:

Leon Behar, M.D.
1117 East Hallandale Beach Boulevard, Suite 6
Hallandale, Florida 33309

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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, the undersigned hereby accepts the appointment as registered agent and agree to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and the undersigned is am familiar with and accept the obligations of its position as registered agent.

Leon Behar, M.D

MIA 203127-1.044443.0010

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