

L000000005837

EXPERT MEDICAL SYSTEMS
18662 MacGill Avenue
Port Charlotte, FL 33948
941 627-9239

Date: March 15, 2000

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-03/29/00--01056--001
*****41.25 *****41.25

Florida Department of State
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

300003173189--7
-03/16/00--01097--003
*****113.75 *****113.75

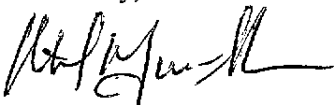
L-5837
W-7345

To Whom It May Concern:

Enclosed please find the Certificate of Limited Partnership, the Affidavit of Capital Contributions for Florida Limited Partnership, and a check for \$113.75 (\$70.00 for the filing fee, \$35. for the designation of a registered agent, and \$8.75 for a certificate).

If you should need any additional information please contact Richard Moss-Solomon at (941) 627-9239. The acknowledgement should be sent to the address listed above.

Sincerely,



Richard Moss-Solomon

FILED
00 MAY 22 AM 9:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA
WLS/22

41



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

March 20, 2000

RICHARD MOSS-SOLOMON
EXPERT MEDICAL SYSTEMS
18662 MACGILL AVENUE
PORT CHARLOTTE, FL 33948

SUBJECT: EXPERT MEDICAL SYSTEMS
Ref. Number: W00000007345

FILED
00MAY 22 AM 9:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA

We have received your document for EXPERT MEDICAL SYSTEMS and your check(s) totaling \$113.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The following corrections are to be made to the form you submitted if you are trying to file a LIMITED PARTNERSHIP. If you submitted the wrong form and intend to form a LIMITED LIABILITY COMPANY, please use the enclosed blank form: if you return this form, please note more money will be due. Refer to the highlighted section of the instructions for fees. If you intend to file as a LIMITED PARTNERSHIP, please make the corrections listed below to your original form, which we are returning herewith:

You must add a limited partnership suffix to the name, such as LTD., LIMITED, or LIMITED PARTNERSHIP.

Section 620.108, Florida Statutes, requires the certificate include the latest date upon which the partnership is to dissolve.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6958.

Lee Rivers
Document Specialist

Letter Number: 800A00015185

155
133-75
41.25



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

April 6, 2000

RICHARD MOSS-SOLOMON
EXPERT MEDICAL SYSTEMS
18662 MACGILL AVENUE
PORT CHARLOTTE, FL 33948

SUBJECT: EXPERT MEDICAL SYSTEMS
Ref. Number: W00000007345

FILED
00 MAY 22 AM 9:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA

We have received your document for EXPERT MEDICAL SYSTEMS and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Thank you for sending this your articles and the additional money. The articles must be signed by a member or authorized representative, and this signature is separate from the registered agent's signature. Please sign and type or print the name in the indicated spaces at the bottom of the form, and return it with a copy of this letter.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6958.

Lee Rivers
Document Specialist

Letter Number: 900A00018978

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
Expert Medical Systems, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
18662 MacGill Avenue
Port Charlotte, FL 33948

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

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

Richard Moss-Solomon
Name
18662 MacGill Avenue
Florida street address (P.O. Box **NOT** acceptable)
Port Charlotte, FL 33948
City, State, and Zip

FILED
00 MAY 22 AM 9:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

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)


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.)

Richard Moss-Solomon
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)