

Document Number Only

L000000016182

C T CORPORATION SYSTEM

Requestor's Name

660 East Jefferson Street

Address

Tallahassee, FL 32301 (850)222-1092

City

State

Zip

Phone

400003515874--6

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****125.00 ****125.00

CORPORATION(S) NAME

Medical Management, LLC

- | | | |
|---|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | | |
| <input checked="" type="checkbox"/> Limited Liability Company | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Name |
| <input type="checkbox"/> Limited Liability Partnership | | <input type="checkbox"/> Fictitious Name |
| <input type="checkbox"/> Certified Copy | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> CUS |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call if Problem | <input type="checkbox"/> After 4:30 |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 DEC 28 PM 12:46

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FILED

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00 DEC 28 AM 11:09

INFORMATION
DIVISION
CORPORATION
TALLAHASSEE, FLORIDA

Name Availability
Document Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

12/28

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THANKS

CONNIE BRYAN

VB
12-28-00

ARTICLES OF ORGANIZATION
OF
MEDICAL MANAGEMENT, LLC

These Articles of Organization are executed by the undersigned for the purpose of forming a Florida Limited Liability Company under Chapter 608 of the Florida Statutes:

ARTICLE I - NAME

The name of the limited liability company is Medical Management, LLC.

ARTICLE II – ADDRESS OF PRINCIPAL OFFICE

The mailing address and street address of the principal office is 500 North 19th Street, Milwaukee, Wisconsin 53233.

ARTICLE III – DURATION

The period of duration for the limited liability company shall be perpetual.

ARTICLE IV – REGISTERED AGENT

The name and Florida street address of the initial registered agent is CT Corporation System, 1200 South Pine Island Road, Plantation, Florida 33324.

ARTICLE V - MANAGEMENT

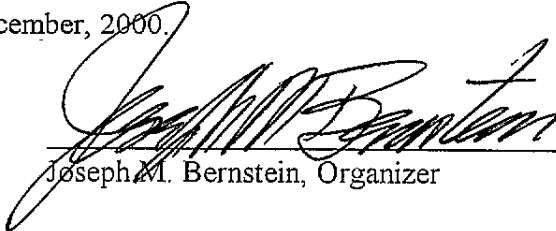
Management of the limited liability company shall be vested in its members. The name and addresses of the initial members are: Joseph M. Bernstein and Henry M. Goldberg, as Co-Trustees of the NAT GOLDBERG FAMILY TRUST u/a/d December 27, 1973, 780 North Water Street, Milwaukee, Wisconsin 53202, and Henry M. Goldberg, 2358 South Ocean Blvd., Highland Beach, FL 33487.

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ARTICLE VI - ORGANIZER

The name and complete address of the organizer is Joseph M. Bernstein, 780 North Water Street, Milwaukee, Wisconsin 53202. In accordance with Section 608.408(3) of the Florida Statutes, the execution of these Articles of Organization by the duly authorized representative of the members constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Executed this 26th day of December, 2000.



Joseph M. Bernstein, Organizer

This document was drafted by:

Charles G. Vogel
Godfrey & Kahn, S.C.
780 North Water Street
Milwaukee, Wisconsin 53202

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415, 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: Medical Management, LLC

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

CT Corporation System
(NAME)

c/o CT Corporation System, 1200 South Pine Island Road
(P. O. Box NOT ACCEPTABLE)

Plantation, Florida 33324
(CITY/STATE/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.

Connie Bryan
(SIGNATURE)

CONNIE BRYAN
SPECIAL ASSISTANT SECRETARY

12/28/00
(DATE)

Filing Fee: \$ 35 for Designation of Registered Agent

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