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LAW OFFICES OF

### JOEL S. MOSS, P.A.

ATTORNEY and COUNSELOR at LAW

JOEL S. MOSS

HLM

47 W. New Haven Avenue Suite 200 Melbourne, Florida 32901 Telephone (321) 768-1250 Fax (321) 724-2990

-01/18/01---01024

\*\*\*\*125.00 \*\*\*\*125.00

January 17, 2001

Registration Section Division of Corporation 409 E. Gaines Street Tallahassee, Florida 32399

> RE: Filing of new LLC

> > Specialty Vein Clinic, LLC

Dear Sir/Madam:

Please find enclosed an executed original and one copy of the Articles of Organization for the above Limited Liability Company, together with our check in the amount of \$125.00 for filing fees.

Please return the letter of acknowledgment after they have been filed.

Should you need to contact this office, please do so at the above address and phone number. Thank you in advance for your assistance in this matter.

Sincerely,

Legal Assistant to Joel S. Moss

enclosures

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## SPECIALTY VEIN CLINIC, LLC ARTICLES OF ORGANIZATION

The undersigned Members of a limited liability company under and pursuant to the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, do hereby submit the following Articles of Organization:

#### ARTICLE I. NAME

The name of the limited liability company shall be SPECIALTY VEIN CLINIC, LLC.

#### ARTICLE II. DURATION

The period of the Company's duration shall commence on the date of filing of these Articles of Organization and shall exist perpetually, unless terminated in accordance with the Company's operating agreement.

#### ARTICLE III. PURPOSE

The purpose of which the Company is being formed is to engage in any activity or business permitted under the laws of the United States and the State of Florida.

#### ARTICLE IV. STREET ADDRESS OF PRINCIPAL OFFICE

The mailing address and the street address of the principal office of the Company shall

639 Alamanda Court Indialantic, Florida 32903

be:

#### ARTICLE V. REGISTERED AGENT

Joel S. Moss; Esq. 47 W. New Haven Ave Suite 200 Melbourne, Florida 32901 FILLD STATE OF STATE OF COMPORATE STATE STAT

A written statement as prescribed by the Florida Department of State pursuant to Section 608.415(1)(d), Florida Statutes, is attached to these Articles of Organization.

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

Pursuant to Chapter 608.415, Florida Statutes, or other applicable statute, the

following is submitted:

The SPECIALTY VEIN CLINIC, LLC, desiring to organize under the laws of the State of Florida with its initial registered office, as indicated in the Articles of Organization, at 639 Alamanda Court, Indialantic, Florida 32903, has named Joel S. Moss, P.A., as it's agent to accept service of process within the state.

#### ACKNOWLEDGMENT:

Having been named to accept service of process for the limited liability company named above, at the place designated in this certificate, I agree to act in that capacity, to comply with the provisions of the Florida Limited Liability Company Act, and am familiar with, and accept, the obligations of that position, as provided in the Florida Limited Liability Act.

Dated: January <u>17</u>, 2001