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Christopher F. Tirotta, MD, MBA

**3168 Inverness
Weston, FL 33332
954-659-3461
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MJH

00789-00623-00671
January 25, 2001

104-2344
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-01/29/01--01107--006
****125.00 ****125.00

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir/Madam:

Enclosed you will find the completed "Articles of Organization for Florida Limited Liability Company" for Sunshine Scientific Resources, LLC, and a check for \$125.00.

If there is anything else you need, do not hesitate to contact me. Thank you for your consideration and I look forward to hearing from you.

Sincerely,



Christopher F. Tirotta, MD, MBA

Enclosures

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
01 FEB 19 PM 2:03



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

January 31, 2001

CHRISTOPHER F. TIROTTA, MD, MBA
3168 INVERNESS
WESTON, FL 33332

SUBJECT: SUNSHINE SCIENTIFIC RESOURCES, LLC
Ref. Number: W01000002344

We have received your document for SUNSHINE SCIENTIFIC RESOURCES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 487-6967.

Michelle Hodges
Document Specialist

Letter Number: 801A00005826

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sunshine Scientific Resources, LLC

ARTICLE II - Address:

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

3168 Inverness
Weston, FL 33332

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

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

Christopher F. Tirotta, M.D.
Name
3168 Inverness
Florida street address (P.O. Box NOT acceptable)
Weston FL 33332
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..

[Signature]

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]
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.)

Christopher F. Tirotta
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)

01 FEB 19 PM 2:03

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS