



L010000 22461

ACCOUNT NO. : 072100000032

REFERENCE : 396766 7286177

AUTHORIZATION :

Patricia Pigute

COST LIMIT : \$ 125.00

ORDER DATE : December 17, 2001

ORDER TIME : 11:21 AM

ORDER NO. : 396766-005

EFFECTIVE DATE
1-1-02

CUSTOMER NO: 7286177

2000004730502--2

CUSTOMER: Mr. H. William Vazquez
Kaufman Englett And Lynd, P.A.

Suite 302
1230 Douglas Avenue
Longwood, FL 32779

DOMESTIC FILING

NAME: TAYLOR MED, LLC

EFFECTIVE DATE: 01-01-02

 ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Betty Young - EXT. 1112

EXAMINER'S INITIALS:

1112
1112

RECEIVED
01 DEC 18 PM 12:17
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA
2001 DEC 18 AM 11:13
FILED

SV



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

December 18, 2001

CSC
BETTY YOUNG

SUBJECT: TAYLOR MED, LLC
Ref. Number: W01000028909

RESUBMIT

Please give original
submission date as file date.

We have received your document for TAYLOR MED, LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

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) 245-6025.

Trevor Brumbley
Document Specialist

Letter Number: 901A00066279

FILED
2001 DEC 18 AM 11:13
RECEIVED
01 DEC 21 PM 2:48
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR
TAYLOR MED, LLC
A FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I. - NAME

The name of the Limited Liability Company is **TAYLOR MED, LLC**

ARTICLE II. - ADDRESS

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

**411 BARCLAY AVENUE
ALTAMONTE SPRINGS, FL 32701**

ARTICLE III. - DURATION

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

ARTICLE IV. - EFFECTIVE DATE

The effective date for the formation of Taylor Med, LLC is January 1, 2001.

ARTICLE V. - MEMBERS

The Limited Liability Company has the following Members:

**ROBERT J. HOEBING
411 BARCLAY AVENUE
ALTAMONTE SPRINGS, FL 32701**

**GAIL FREDERIC
1161 SABLE KEY CIRCLE
PORT ORANGE, FL 32128**

**FILED
JAN 18 2001
CLERK OF CIRCUIT COURT
ALTAMONTE, FLORIDA**

ARTICLE VI. - MANAGEMENT

The Limited Liability Company is to be managed solely by a Member-Manager, and the name and address of such Member-Manager is:

ROBERT J. HOEBING
411 BARCLAY AVENUE
ALTAMONTE SPRINGS, FL 32701

ARTICLE VII. - ADMISSION OF ADDITIONAL MEMBERS

The right of the Members to admit additional members, and the terms and conditions of such admissions, shall be made by unanimous agreement of all Member-Managers.

ARTICLE VIII. MEMBERS RIGHTS TO CONTINUE BUSINESS

The right, if given, of the remaining Members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a Member or the occurrence of any other event which terminates the continued membership of a Member in the limited liability company shall be:

The Members of Taylor Med, LLC, agree that the company shall not automatically dissolve upon the death, retirement, resignation, expulsion, or dissolution of a Member, or the occurrence of any other event which terminates the continued membership of a Member in the limited liability company. In the alternative, the remaining Members shall vote to determine whether to continue the business when a Member leaves. The business of the limited liability company shall continue as before if the consent of the majority of the remaining Members is given.

The Members of Taylor Med, LLC, agree that the company shall automatically dissolve upon the death, retirement, resignation, expulsion, or dissolution of a Member-Manager.

The rights of the Members expressed herein are intended to conform with Chapter 608, Florida Statutes.

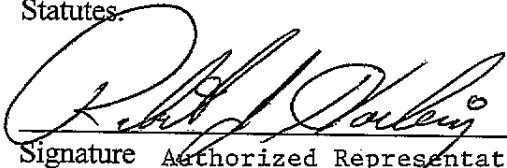
FILED
201 DEC 18 AM 11:13
DEPARTMENT OF REVENUE
TALLAHASSEE, FLORIDA

**ARTICLE IX REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED
AGENT'S SIGNATURE**

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

**ROBERT J. HOEBING
411 BARCLAY AVENUE
ALTAMONTE SPRINGS, FL 32701**

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, Florida Statutes.


Signature Authorized Representative
and Registered Agent

12-14-01
Date

FILED
2001 DEC 18 AM 11:14
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA