

**L020000003835**

Florida Department of State  
 Division of Corporations  
 Public Access System  
 Katherine Harris, Secretary of State

## Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H02000039043 3)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

## To:

Division of Corporations  
 Fax Number : (850) 205-0383

## From:

Account Name : MCCARTHY, SUMMERS, BOBKO, WOOD, SAWYER & PERRY, P.A.  
 Account Number : I19990000170  
 Phone : (561) 286-1700  
 Fax Number : (561) 283-1803

**AL1****LIMITED LIABILITY COMPANY**

Harmonix Clinics of South Florida, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

**RECEIVED**  
 02 FEB 18 PM 2:03  
 DIVISION OF CORPORATION

**McCarthy, Summers, Bobko, Wood, Sawyer & Perry, P.A.**  
**Attorneys at Law**

Kathryn C. Bass  
Noel A. Bobko  
Nicola Jaye Boone\*  
Terence P. McCarthy\*\*  
Steven L. Perry  
Thomas R. Sawyer\*\*  
Robert P. Summers\*\*  
Steven J. Wood\*\*\*

Monterey Triangle  
2400 S.E. Federal Highway • Fourth Floor  
Stuart, FL 34994  
  
Tel 561 286-1700  
Fax 561 283-1803

John D. McKey, Jr.  
Of Counsel

E-Mail: [info@mcsumm.com](mailto:info@mcsumm.com)  
<http://www.mcsumm.com>

\*Board Certified Elder Law Lawyer  
\*\* Board Certified Real Estate Lawyer  
\*\*\* Board Certified Wills, Trusts &  
Estates Lawyer

H02000039043

February 18, 2002

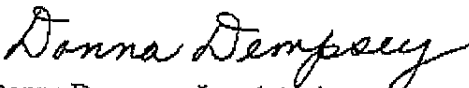
Florida Department of State  
Division of Corporations  
The Capitol  
P.O. Box 6327  
Tallahassee, Florida 32399-0250

Re: **Articles of Organization of Harmonix Clinics of South Florida, LLC**

Ladies and Gentlemen:

With reference to the above corporation, enclosed please find Articles of Organization for filing.  
Kindly fax to the undersigned proof of filing same. Thank you.

Very truly yours,



Donna Dempsey, Legal Assistant to:  
Terence P. McCarthy

Enclosure

F:\users\TPM\soslet.fileaoo.wpd

H02000039043

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
02 FEB 18

**ARTICLES OF ORGANIZATION**  
**OF**  
**HARMONIX CLINICS OF SOUTH FLORIDA, LLC**

**ARTICLE I**

**Name**

The name of the Limited Liability Company is: *Harmonix Clinics of South Florida, LLC*

**ARTICLE II**

**Address**

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

141 NW 20<sup>th</sup> Street  
#H-1  
Boca Raton, FL 33431

**ARTICLE III**

**Registered Agent**

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

Oyvind Berg  
141 NW 20<sup>th</sup> Street  
#H-1  
Boca Raton, FL 33431

*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 of Registered Agent

(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.)

Oyvind Berg  
Typed or printed name of signee

  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member

Oyvind Berg  
Typed or printed name of signee

F:\users\jpm\CORPORAT\AOOHarmoxix.doc

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
02 FEB 18