

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 4/26 FLUC

Milk

200005360382--3 -04/26/02--01061--022 ****125.00 ****125.00

SUBJECT: A Secon of Oldin (PROPOSED CORPORAT	106; LLC FE NAME - MUST INCLUDE SUFFIX)		
\$ 100.00 foling fore \$ 25.00 designation of regions Enclosed are an original and one (1) copy of the articles	incl agend Organization icles of incorporation and a check for:		
Filing Fee Filing Fee & Certificate of Status copies of adjulys of gonization enclosed, Djeast duin two	\$78.75 \$87.50 Filing Fee Filing Fee, & Certified Copy & Certificate of Status ADDITIONAL COPY REQUIRED		
FROM: Lloyd B Bell Name (532 SE 144			
Ocala, FL (352) 622-9	3447 / State & Zip	02 APR 26 AM 9: SECRETARY OF STATALLAHASSEE FLOR	

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

A Second Opinion, LLC

The mailing address and street	t address of the principal office of the Limited Liability Con	apany	is:	
532 SF. 14X	h Ave, Ccala, FL 34471			
	agent, Registered Office, & Registered Agent's Signature	e:		
_				
The name and the Florida stree	et address of the registered agent are:			
	10yd BBellows			
	/ INAULE			
5	32 SE 14th Ave			
	Florida street address (P.O. Box NOT acceptable)			
	Ocala, FL 3447/ City, State, and Zip			
	City, State, and Zip			
liability company at the place registered agent and agree to statutes relating to the proper accept the obligations of my per accept the obligations of my per accept the Limited Liability Contineer of the Limited Liability Contineer of the manager - manage	ompany is to be managed by one manager or more managers nanaged company.	nt as sions c rith an F.S.	of all d	
(An additional	al article must be added if an effective date is requested)	SEC:	02 A	
Signature	of a member or an authorized representative of a member.	至	PR	******
	dance with section 608.408(3), Florida Statutes, the execution	388 787	26	
	cument constitutes an affirmation under the penalties of perjury acts stated herein are true.)	ਅ ^ਦ ੀ ਜੋਵਾ	3	[]
<u> </u>	Typed or printed name of signee	STATE ORIDA	9; 72	٠
	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)