

H02000143678  
**02000012418**

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)205-0383

From: Account Name : PROSKAUER ROSE LLP  
Account Number : 074673001063  
Phone : (561)995-4751  
Fax Number : (561)241-7145

**LIMITED LIABILITY AMENDMENT**

**GS MED PLEX SUPER HOLDINGS LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
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**ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

**FIRST:** The name of the limited liability company is:  
GS MED PLEX SUPER HOLDINGS LLC

**SECOND:** The articles of organization or the application to transact business

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:  
The incorrect statement is that the Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.  
The statement is incorrect because the company will be managed by its members. The corrected statement is: The Limited Liability Company is to be managed by its members.

**OR**

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: May 24, 2002

  
Signature of a member or authorized representative of a member

Stuart T. Kapp, Esq., Attorney for Company, authorized representative  
Typed or printed name of signee

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

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I certify the attached is a true and correct copy of the Articles of Organization of GS MED PLEX SUPER HOLDINGS LLC, a limited liability company organized under the laws of the state of Florida, filed on May 21, 2002, as shown by the records of this office.

I further certify the document was electronically received under FAX audit number H02000141807. This certificate is issued in accordance with section 15.16, Florida Statutes, and authenticated by the code noted below

The document number of this limited liability company is L02000012418.

Given under my hand and the  
Great Seal of the State of Florida,  
at Tallahassee, the Capital, this the  
Twenty-first day of May, 2002

Authentication Code: 202A00032684-052102-L02000012418-1/1



CRZEO22 (1-99)

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*Katherine Harris*  
Katherine Harris  
Secretary of State

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

GS MED FLEX SUPER HOLDINGS LLC

**ARTICLE II - Address:**

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

4110 N.W. 24th Avenue, Boca Raton, FL 33431

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

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

George Sacks  
Name  
4110 N.W. 24th Avenue  
Florida street address (P.O. Box NOT acceptable)  
Boca Raton FL 33431  
City, State, and Zip

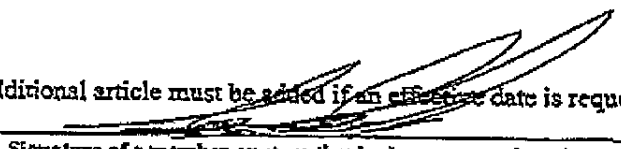
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.*

  
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 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.)

George Sacks, Manager

Typed or printed name of signer

**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)

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