

LD2 000021812
HESSON & ASSOCIATES, LTD.
ATTORNEYS AT LAW

244 E. DOTY AVENUE
P.O. BOX 705
NEENAH, WISCONSIN 54957-0705
TELEPHONE (920) 729-0303
NORTHEAST LATA (800) 560-1177
FACSIMILE (920) 729-1270
EMAIL heslaw@heslaw.com

JEFFREY L. HESSON, ATTORNEY
GRANT E. BIRTCH, ATTORNEY
GERALD H. RAMMER, OF COUNSEL

CAROL J. NEWMAN, LEGAL ASSISTANT
SHANNON L. BRYAN, LEGAL ASSISTANT

August 22, 2002

Florida Department of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

600007308816--7
-08/23/02--01039--012
****310.00 ****155.00

RE: **ARTICLES OF ORGANIZATION**

Dear Sir/Madam:

Enclosed please find the Articles of Organization for each Vein Specialists of Florida, LLC and Vein Specialists of South Florida, LLC. When the Articles of Organization have been filed, please forward a Certified Copy of each to our Office at:

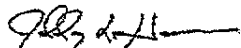
Jeffrey L. Hesson
Hesson & Associates, Ltd
PO Box 705
Neenah, WI 54957-0705

Also enclosed is a check in the amount of Three Hundred Ten Dollars (\$310) to cover the filing fees, designations of Registered Agent and costs of a Certified copies.

If you have any questions or comments regarding the enclosed documents, please do not hesitate to contact our Office at 920-729-0303.

Very truly yours,

HESSON & ASSOCIATES, LTD.



By: Jeffrey L. Hesson

Enclosure

FILED
02 AUG 23 AM 9:52
TALLAHASSEE, FLORIDA

8/20 [signature]

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Vein Specialists of South Florida, LLC

ARTICLE II - Address:

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

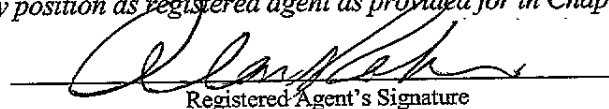
16225 49th Place N., Plymouth, MN 55446

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

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

Alan Robins
Name
4505 Poinciana St.
Florida street address (P.O. Box NOT acceptable)
Ft. Lauderdale FL 33308
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.)

Alan Robins
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)