

# L020000023670

FILINGS, INC. TERESA ROMAN

(Requestor's Name)

2805 LITTLE DEAL ROAD

(Address)

TALLAHASSEE, FLORIDA 32308

385-6735

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. NSU ORAL PATHOLOGY SERVICES, LLC  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 9:00

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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\*\*\*\*125.00 \*\*\*\*125.00

Examiner's Initials

## **ARTICLES OF ORGANIZATION**

### **OF**

## **NSU ORAL PATHOLOGY SERVICES, LLC, A LIMITED LIABILITY COMPANY**

We, the undersigned, as organizers of a limited liability company, under the Florida Limited Liability Company Act, adopt the following Articles of Organization for such limited liability company:

### **ARTICLE I**

#### **NAME**

The name of this limited liability company is NSU ORAL PATHOLOGY SERVICES, LLC, referred to in these Articles of Organization as the "Company."

### **ARTICLE II**

#### **REGISTERED OFFICE AND AGENT**

The registered office of the Company is 7000 West Palmetto Park Road, Suite 305, Boca Raton, FL 33433. The Company's registered agent is Gregory J. Ritter, Esquire, whose office is located at Ritter Chusid Bivona & Cohen, LLP, 7000 W. Palmetto Park Road, Suite 305, Boca Raton, Florida 33433.

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DIVISION OF CORPORATIONS  
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### **ARTICLE III**

#### **PRINCIPAL OFFICE**

The address of the principal office of the Company is 3301 College Avenue, Fort

Lauderdale, Florida 33314, and the mailing address shall be the same.

#### ARTICLE IV

#### PURPOSE AND POWERS

This Company is organized with a general business purpose, has all powers provided by law and may use those powers to any lawful purpose.

#### ARTICLE V

#### MANAGEMENT

The management of the Company is reserved to the members of the Company.

The undersigned Incorporator has executed these Articles of Organization on this 9th day of September, 2002.

NOVA SOUTHEASTERN UNIVERSITY, INC.  
Initial Member

By: George L. Hanbury II  
Print Name: George L. Hanbury II, Ph.D.  
Title: Executive VP for Administration

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STATE OF FLORIDA  
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this 9th day of September, 2002 by GEORGE L. HANBURY, II, Executive Vice President for Administration for NOVA SOUTHEASTERN UNIVERSITY, INC., the Initial Member. He is personally known to me or has produced \_\_\_\_\_ as identification and did (did not) take an oath.

My Commission Expires:

Sally A. Reinhart  
Notary Public  
Print Name: Sally A. Reinhart



CERTIFICATE DESIGNATING REGISTERED OFFICE  
FOR THE SERVICE OF PROCESS WITHIN FLORIDA,  
NAMING AGENT UPON WHOM PROCESS MAY BE SERVED

IN COMPLIANCE WITH SECTION 608.415, Florida Statutes, the  
following is submitted:

NSU ORAL PATHOLOGY SERVICES, LLC, a limited liability company  
being organized under the laws of the State of Florida, designates  
7000 West Palmetto Park Road, Suite 305, Boca Raton, Florida 33433,  
as its registered office and has named GREGORY J. RITTER as its  
agent to accept service of process within the State of Florida.

ACKNOWLEDGMENT:

Having been named to accept service of process for NSU ORAL  
PATHOLOGY SERVICES, LLC, at the place designated in this  
Certificate, I hereby agree to act in such capacity and acknowledge  
that I am familiar with and agree to comply with the provisions of  
said Act with respect to keeping such office open.

By: 

REGISTERED AGENT

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