



020000026731

ACCOUNT NO. : 072100000032

REFERENCE : 777014 11504A

AUTHORIZATION :

Patricia Pignatelli

COST LIMIT : \$ 155.00

ORDER DATE : October 9, 2002

ORDER TIME : 4:10 PM

ORDER NO. : 777014-005

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CUSTOMER NO: 11504A

CUSTOMER: Mark Grand, Esq
Grand & Grand, P.a. Venture
Corporate Center
Building I, Suite 450
3440 Hollywood Boulevard
Hollywood, FL 33021

DOMESTIC FILING

NAME: EDWARD BUONOPANE, M.D.
CONSULTING, LLC

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

CONTACT PERSON: Norma Hull - EXT. 1115

EXAMINER'S INITIALS: _____

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02 OCT -9 PM 4:24
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

10/9

EFFECTIVE DATE

10/2/02

earliest eff. date

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EDWARD BUONOPANE, M.D. CONSULTING, LLC

ARTICLE II - Address:

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

6866 Stirling Road, Hollywood, FL 33023

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV - Management:

(check and complete the appropriate statement)

☒ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

Edward Buonopane, M.D.
6866 Stirling Road
Hollywood, FL 33023

☐ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admission shall be:

Additional members may be admitted into the company on such terms and conditions as may be unanimously agreed upon by the members.

ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminated the continued membership of a member in the limited liability company shall be:

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By unanimous vote of the remaining members within ninety (90) days after the occurrence of an event that terminates a member's continued membership, the remaining members may continue the business.

ARTICLE VII - Effective Date:

The effective date of the limited liability company shall be October 1, 2002; provided that if such day be unauthorized by law, then on the next earliest day allowable pursuant to Florida law for the commencement of existence.

October 1, 2002
Date

Edward Buonopane, M.D.
Signature of Member

STATE OF FLORIDA)
): SS:
COUNTY OF BROWARD)

The foregoing instrument was acknowledged before me this day of October, 2002, by Edward Buonopane, M.D.

Michael S. Chimera

(Notary Signature)
Notary Public, State of Florida
Commission # CC 924638
Expires May 19, 2004
Personally Known Expiry Date
Or Produced Identification Expiry Date
Type of Identification Produced: None
Personally Known

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CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 Or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED AGENT/REGISTERED OFFICE, IN THE STATE OF FLORIDA.


1. The name of the limited liability company is:

EDWARD BUONOPANE, M.D. CONSULTING, LLC

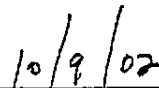
2. The name and address of the registered agent and registered office are:

MARK S. GRAND
3440 Hollywood Boulevard
Suite 450
Hollywood, FL 33021

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.



(SIGNATURE)



(DATE)

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