## 102000 26835 Requester's Name

WARD & MEYERS, LLC
— CERTIFIED PUBLIC ACCOUNTANTS

3201 FLAGLER AVENUE, SUITE 506

KEY WEST, FL 33040

	Office Use Only
CORPORATION NAME(S) & DOCU	MENT NUMBER(S), (if known): ♀ ♀ ♀ ♀ ♀ ♀ ♀ ♀ ♀ ♀ ♀ ♀ ♀ ♀ ♀ ♀ ♀ ♀ ♀
1. (Corporation Name)	(Document #)
2(Corporation Name)	(Document #)
3(Corporation Name)	100082974618 -10/10/02-01010002 (Document#) ****125.00 *****125.00
4(Corporation Name)	(Document #)
<ul><li>□ Walk in</li><li>□ Pick up time</li><li>□ Mail out</li><li>□ Will wait</li></ul>	Certified Copy  Photocopy  Certificate of Status
NEW FILINGS	<u>AMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other
	Examiner's Initials

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

*			
ARTICLE I - Name: The name of the Limited L	iability Company is:		manife and the second second second
SCOTT BURNS MD	LLC		02
ARTICLE II - Address: The mailing address and st	reet address of the principal o	fice of the Limited Liabil	8
5781 OVERSEAS H	IGHWAY MARATHON, FLO	RIDA 33050	
ARTICLE III - Registere	d Agent, Registered Office,	& Registered Agent's Sig	gnature:
The name and the Florida	treet address of the registered	agent are:	5
	SCOTT BURNS MD Name		
	5 #81 OVERSEAS HIGHW Florida street address (P.O. Box		**************************************
,		<sub>FL</sub> 33050	-
	MARATHON City, State, and	Zip	•
accept the obligations of n	ny position as registered agent Registered Age	us MD	r 608, r.s.
✓ The Limited Liability	nt (Check box if applicable.)  Y Company is to be managed by a managed company.	y one manager or more m	nanagers and is,
Š	tional article must be added if  The state of a member or an authorize	a MS	<del>n</del> e e e e e e e e e e e e e e e e e e e
(In a	ccordance with section 608.408(3), s document constitutes an affirmation he facts stated herein are true.)	Florida Statutes, the execution	
	SCOTT BURNS MD  Typed or printed name	le of signee	
	\$ 25.00 Designa	Fee for Articles of Organization of Registered Agent ed Copy (Optional)	on

\$ 5.00 Certificate of Status (Optional)