

L020000030926

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100008952421

11/19/02--01017--013 \*\*155.00

RECEIVED  
02 NOV 19 AM 10:32  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 NOV 19 AM 11:10

**CORPORATE  
ACCESS,  
INC.**

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 . Fax (850) 222-1666

**WALK IN**

PICK UP

11/19/02 *Handwritten signature*

☒ CERTIFIED COPY

CUS

PHOTO COPY

☒ FILING

*Articles*

1.)

(CORPORATE NAME & DOCUMENT #)

*Central Florida Medical Leasing, L.L.C*

2.)

(CORPORATE NAME & DOCUMENT #)

3.)

(CORPORATE NAME & DOCUMENT #)

4.)

(CORPORATE NAME & DOCUMENT #)

5.)

(CORPORATE NAME & DOCUMENT #)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 NOV 19 AM 11:10

SPECIAL INSTRUCTIONS

"When you need ACCESS to the world"

CALL THE FILING AND RETRIEVAL AGENCY DEDICATED TO SERVING YOU!

**ARTICLES OF ORGANIZATION  
OF  
CENTRAL FLORIDA MEDICAL LEASING, L.L.C.**

The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

**ARTICLE I — Name:**

The name of the limited liability company (hereinafter referred to as the "Company") is "CENTRAL FLORIDA MEDICAL LEASING, L.L.C."

**ARTICLE II — Address:**

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

160 E. Lake Howard Drive  
Winter Haven, FL 33880

**ARTICLE III — Registered Agent:**

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

Robert J. Stambaugh  
99 Sixth Street, S. W.  
Winter Haven, FL 33880


**ARTICLE IV — Management:**

The Company is to be a manager-managed company.

**ARTICLE V — Limitation on Agency Authority of Members:**

Pursuant to section 608.4235 of the Florida Limited Company Act, no member of the Company shall be an agent of the Company solely by virtue of being a member.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 18<sup>th</sup> day of November, 2002.

  
\_\_\_\_\_  
Signature of authorized representative  
ROBERT J. STAMBAUGH  
Typed or printed name of signee

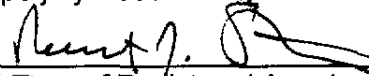
FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 NOV 19 AM 11:10

(In accordance with Section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

### STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. 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 under Chapter 608, Florida Statutes.

(In accordance with section 608.408(3), Florida Statutes, the execution of this statement constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)



\_\_\_\_\_  
Signature of Registered Agent

Robert J. Stambaugh

\_\_\_\_\_  
Typed or printed name of signee

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 NOV 19 AM 11:10