

L030000021900

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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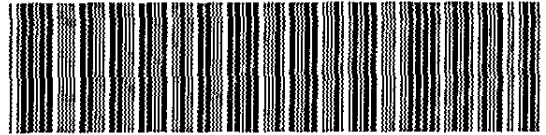
(Business Entity Name)

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

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2003 JUN 12 AM 1:02  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

J. BRYAN JUN 17 2003

Victor Rohatynsky  
11730 NW 71 PL  
Parkland, FL 33076

tel. 954 345 1532  
954 600 5029 cell


June 10, 2003

Registered Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Dear Sirs,

Enclosed please find check # 2626 in the amount of \$160.00 as payment for the filing fees and the two optional certificates, certified copy and certificate of status for RaX Medical LLC.

Sincerely,

  
Victor J. Rohatynsky

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:  
RaX Medical L.L.C.

## ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:  
11730 NW 71 PL Parkland, FL 33076

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

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

Victor James Rohatynsky

Name

11730 NW 71 PL

Florida street address (P.O. Box **NOT** acceptable)

Parkland,

FL 33076

City, State, and Zip

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JULY 2004 INCORPORATIONS  
TALLAHASSEE, FLORIDA

*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

(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.)

Victor James Rohatynsky

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)