

L03000025652

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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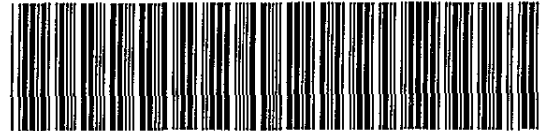
(Business Entity Name)

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103-25652 7/15/03 DM

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FALL PREVENTION SERVICES LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cory Peterson
(Name of Person)

Open MRI
(Firm/Company)

997 South Palfox St
(Address)

Pensacola, FL 32502
(City/State and Zip Code)

For further information concerning this matter, please call:

Cory Peterson at (850) 434-6674
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: FALL PREVENTION SERVICES, L

ARTICLE II - Address:

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

Principal Office Address:

997 South Palafox St.
Pensacola FL 32502

Mailing Address:

997 South Palafox St
Pensacola, FL 32502

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

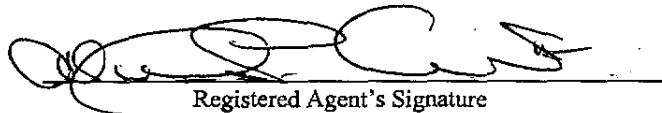
The name and the Florida street address of the registered agent are:

ALEXANDER L COVER III
Name

997 South Palafox St.
Florida street address (P.O. Box NOT acceptable)

Pensacola FL 32502
City, State, and Zip

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

(CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

ALEXANDER L COVER III
997 South Palatka St
Pensacola, FL 32502

MGRM

DANNY L McCRAY
997 South Palatka St
Pensacola, FL 32502

MGRM

MARK L'HAMMEDIEU
877 CLODBERRY BRANCH WAY
JACKSONVILLE, FL 32259

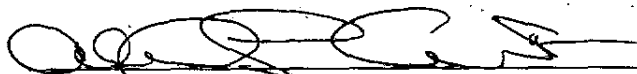
MGRM

STEVEN WARFIELD
2753 ESTATES LANE
JACKSONVILLE, FL 32257

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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.)

ALEXANDER L COVER, III

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)

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