

L030000031715

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 222-9428

LIMITED LIABILITY COMPANY

Pacific, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

03 AUG 25 AM 11:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
03 AUG 25 AM 11:11
DIVISION OF CORPORATION

Handwritten initials and date:
8-25-03

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Pacific, LLC

ARTICLE II - Address:

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

925 South Federal Highway, Suite 175
Boca Raton, FL 33432**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

CT Corporation System

Name

c/o CT Corporation System, 1200 South Pine Island RoadFlorida street address (P.O. Box **NOT** acceptable)PlantationFL 33324

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.

By: CT Corporation System

Registered Agent's Signature

(An additional article must be added if an effective date is requested)

BARRY ALAN SMOLEN
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.)

BARRY ALAN SMOLEN, M.D.
Typed or printed name of signer**Filing Fees:**

\$109.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)