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To:
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EFFECTIVE DATE
8-7-03

From:
Account Name : STEVEN M. CHAMBERLAIN, P.A.
Account Number : I20010000119
Phone : (352) 375-8540
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RECEIVED
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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

GREER FAMILY, LC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

03 AUG 28 11:55
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[Handwritten signature]

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ARTICLES OF ORGANIZATION OF
GREER FAMILY, LCEFFECTIVE DATE
8-28-03

1. Name. The name of the limited liability company (hereinafter "company") is GREER FAMILY, LC.
2. Existence. The company shall have perpetual existence. The company shall commence existence on Aug 28, 2003.
3. Location. The mailing address and the street address of the principal office of the company is 2058 NW 14th Ave., Gainesville, FL 32605.
4. Registered Agent. The street address in the State of Florida of the initial registered office of the company is 2058 NW 14th Ave., Gainesville, FL 32605 and the name of its initial registered agent at such address is MELVIN GREER, M.D.
5. Management. The company shall be managed by one or more Managers as set forth in the Membership Agreement.

The undersigned, being an authorized representative of a member of the company, for the purpose of forming a Florida limited liability company to do business both within and without the State of Florida, does make, subscribe, acknowledge and file these Articles, hereby declaring and certifying that the facts herein stated are true.

Melvin Greer
MELVIN GREER, M.D.
Aug 28 2003

The undersigned hereby accepts his appointment as registered agent for GREER FAMILY, L.C. and declares that he is familiar with and accepts the duties and obligations as registered agent as provided for in chapter 608 Florida Statutes (2001).

Melvin Greer
MELVIN GREER, M.D.
Aug 28, 2003

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