

Oct-13-2003 04:26pm

From-DAVID WILLIAMS LAW PA

302-575-0925

973

P

1/002

F-0

L03000039177

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H03000295753 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : AGENTS AND CORPORATIONS, INC
Account Number : I20010000112
Phone : (302) 575-0875
Fax Number : (302) 575-0925

LIMITED LIABILITY COMPANY

Medical Sound Technologies (MGT), LLC

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

RECEIVED
03 OCT 14 AM 7:03
DIVISION OF CORPORATION

03 OCT 13 AM 11:33

ATTACHED
AND
FILED

Electronic Filing Menu

Corporate Filing

Public Access Help

VB
10/14/03

Oct-19-2003 04:26pm From-DAVID WILLIAMS LAW FIRM PA
Oct-08-2003 04:19pm From-DAVID WILLIAMS LAW FIRM PA

302-575-0925
302-575-0828

T-973 P 002/002 F-740
T-992 P 002/002 F-850

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Medical Sound Technologies (MST), LLC

ARTICLE II - Address:

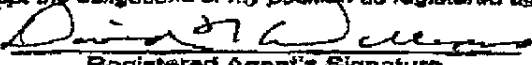
The mailing address and street address of the principal office of the Limited Liability Company is: 7637 Sierra Drive W., Boca Raton, FL 33433

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

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

Agents and Corporations, Inc.
Suite E, 773 4th Avenue North
Naples, FL 34102

Having been named as registered agent and to accept services 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 606, F.S.


Registered Agent's Signature

ARTICLE IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

(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.)

Steven Franchino

Typed or printed name of signer

03 OCT 13 AM 11:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED