

## Division of Corporation

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.**

((I103000304529 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 : FIELDSTONE LESTER SHEAR & DENBERG  
Account Number : IL9990000180  
Phone : (305)357-5775  
Fax Number : (305)357-5534

03 OCT 27 PM 1:18  
FILED  
U.S. DEPT. OF JUSTICE  
FBI - NEW YORK  
RECEIVED  
OCT 27 1964  
U.S. DEPT. OF JUSTICE  
FBI - NEW YORK

**LIMITED LIABILITY COMPANY**  
**SOUTH BEACH MEDICAL INSTITUTE, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

RECEIVED  
03 OCT 27 PM 12:38

## Electronic Filing Menu

## Corporate Filing

Public Access Help

10-27-02

HD3000304529 3

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**SOUTH BEACH MEDICAL INSTITUTE, LLC**

**ARTICLE II - Address:**

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

7000 SW 62 Avenue, Suite 100  
South Miami, FL 33143-4717

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

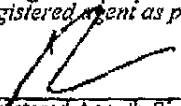
The name and the Florida street address of the registered agent are:

Paul A. Lester  
Name

201 Alhambra Circle, Suite 601  
Florida street address (P.O. Box NOT acceptable)

Coral Gables, FL 33134  
City, State, and Zip

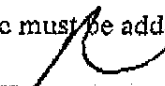
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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

**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.)

Paul A. Lester, Authorized Representative  
Typed or printed name of signer