NO.848 F021 Page 1 of 1

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.

(((H030003411743)))

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 : BERGER SINGERMAN - FORT LAUDERDALE

Account Number : I20020000154 Phone : (954)525-9900 Fax Number : (954)523-2872 SECRETALY OF STATE STATE AHASSEE, FLORIDA

## LIMITED LIABILITY COMPANY

#### LIFESCAN INSTITUTES OF AMERICA 2, L.L.C.

| gent , in gehörgemen felige "Er gehab temma-media- | artic to a security of the property of the |
|--|--|
| Certificate of Status                              | 0  |
| Certified Copy                                     | 0  |
| Page Count   | 02   |
| Estimated Charge                                   | \$125.00                                   |

Electronic Filing Menu.

Corporate Filing

O3 DEC 24 AM D 48

CEIVED

7002

FAX AUDIT NO: H030003411743

#### ARTICLES OF ORGANIZATION OF

#### LIFESCAN INSTITUTES OF AMERICA 2, L.L.C. A FLORIDA LIMITED LIABILITY COMPANY

The undersigned, in forming a Florida Limited Liability Company ("Company") under the Florida Limited Liability Company Act, Chapter 608 of the Florida Statutes, hereby adopt the following Articles of Organization for such Company:

#### <u>ARTICLE I</u> NAME

The name of the Company is LIFESCAN INSTITUTES OF AMERICA 2, LLC.

# ARTICLE II

The mailing address and the street address of the principal office of the Company is 441 NE 4th Avenue, Fort Lauderdale, Florida 33301.

#### ARTICLE III INITIAL REGISTERED AGENT AND REGISTERED OFFICE

The name and street address of the initial Registered Agent of the Company is Nick Jovanovich at 350 East Las Olas Boulevard, Suite 1000, Fort Lauderdale, Florida 33301.

#### ARTICLE IV MANAGEMENT

The Company is to be managed by one manager or more managers and is, therefor manager-managed company.

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

Dated: December 23, 2003

NICK JOVANOVICH, Authorized

Representative of Member

FAX AUDIT NO.: H03000341174 3

246249-2

6003

FAX AUDIT NO:

H030003411743

### ACCEPTANCE OF DESIGNATION AS REGISTERED AGENT

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, Florida Statutes.

Dated: December 23, 2003

NICK JOVANOVICH, Initial

Registered Agent

SECRETARY OF STATE TALLAHASSEE, FISHION

FAX AUDIT NO.:

H030003411743