

L04000017282

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

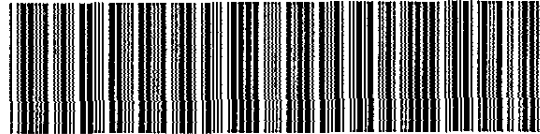
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

*Handwritten signature*

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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Colleagues Healthcare Consulting  
&C

- \_\_\_ Art of Inc. File
- \_\_\_ LTD Partnership File
- \_\_\_ Foreign Corp. File
- ✓ \_\_\_ L.C. File
- \_\_\_ Fictitious Name File
- \_\_\_ Trade/Service Mark
- \_\_\_ Merger File
- \_\_\_ Art. of Amend. File
- \_\_\_ RA Resignation
- \_\_\_ Dissolution / Withdrawal
- \_\_\_ Annual Report / Reinstatement
- \_\_\_ Cert. Copy
- ✓ \_\_\_ Photo Copy
- \_\_\_ Certificate of Good Standing
- \_\_\_ Certificate of Status
- \_\_\_ Certificate of Fictitious Name
- \_\_\_ Corp Record Search
- \_\_\_ Officer Search
- \_\_\_ Fictitious Search
- \_\_\_ Fictitious Owner Search
- \_\_\_ Vehicle Search
- \_\_\_ Driving Record
- \_\_\_ UCC 1 or 3 File
- \_\_\_ UCC 11 Search
- \_\_\_ UCC 11 Retrieval
- \_\_\_ Courier

Signature \_\_\_\_\_

Requested by: SS  
Name Date Time  
3/4/04 11:15

Walk-In \_\_\_\_\_ Will Pick Up \_\_\_\_\_

ARTICLES OF ORGANIZATION OF LIMITED LIABILITY COMPANY

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I — Name:

The name of the Limited Liability Company is: Colleagues Healthcare Consulting, LLC

ARTICLE II — Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 18860 S.W. 29<sup>th</sup> Street, Miramar, Florida, 33029

Article III — Registered Agent and Registered Office

The name and the Florida street address of the initial registered agent are: Neal R. Kalis, Esquire, 1820 Gribble Road, Suite 109, Davie, Florida, 33314

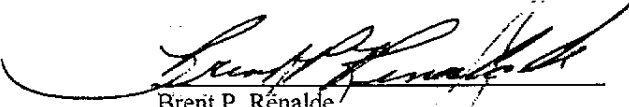
Article IV — Management:

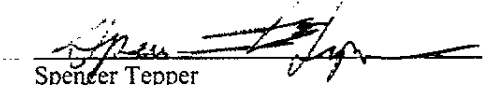
The Limited Liability Company is to be managed by the members and the names and addresses of the managing members are:

Spencer Tepper  
7360 N. Seneca Road  
Fox Point, WI 53217

Brent P. Renalde  
18860 S.W. 29<sup>th</sup> Street  
Miramar, Florida 33029

IN WITNESS WHEREOF, we have signed these Articles of Organization and acknowledged them to be our act this \_\_\_\_\_ day of \_\_\_\_\_, 2004.

  
Brent P. Renalde

  
Spencer Tepper

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. 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 under Chapter 608, Florida Statutes.

(In accordance with section 608.408(3), Florida Statutes, the execution of this statement constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

  
Signature of Registered Agent

Neal R. Kalis

Typed or printed name of signee