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#### LISA BRADEN, P.A.

#### The Internet Law Firm @ 2000 by Lisa Braden, P.A. 4623 FOREST HILL BLVD., SUITE 111 WEST PALM BEACH, FLORIDA 33415

Website: www.lisabraden.com E-Mail: lisa@lisabraden.com

Telephone: (561) 641-1888

E-Fax:

(646) 219-3028

May 25, 2004

**Registration Section Division of Corporations** P. O. Box 6327 Tallahassee, FL 32314

Re:

Orlando S. Muniz, M.D., L.L.C.

Articles of Organization

Dear Sirs:

Please find enclosed the original and one copy of the Articles of Organization for the above mentioned along with a check in the amount of \$155.00 for the filing of this document. This check represents \$100.00 filing fee; \$25.00 Designation of Registered Agent; \$30.00 certified copy and \$5.00 Certificate of Status.

After filing this documents, please return a certified copy to our office.

If you have any questions, please give our office a call.

Sincerely yours,

isa Braden

enclosures

cc: Orlando S. Muniz, M.D.

#### ARTICLES OF ORGANIZATION

#### **FOR**

#### ORLANDO S. MUNIZ, M.D., L.L.C.

The undersigned being all of the members and organizers to these Articles of Organization do hereby form a Limited Liability Company under the provisions of the Florida Limited Liability Company Act.

# ARTICLE I - NAME OF LIMITED LIABILITY COMPANY

The name of this limited liability company (hereinafter called "Company") shall be ORLANDO S. MUNIZ, M.D., L.L.C..

## ARTICLE II - PURPOSE

The purpose of this Company shall be generally to engage in the practice of medicine.

#### ARTICLE III - MANAGEMENT OF THE BUSINESS

The business shall be managed by ORLANDO S. MUNIZ.

## ARTICLE IV - MEMBERSHIP

The members of the Company shall be:

LOUANED M. MUNIZ and ORLANDO S. MUNIZ, as Trustees of the LOUANED M. MUNIZ REVOCABLE TRUST Dated May 18, 20, 4400 Angela Drive Marianna, Florida 32446

ORLANDO S. MUNIZ 4400 Angela Drive Marianna, Florida 32446

#### ARTICLE V - TERM OF EXISTENCE

The existence of the Company shall commence as of the date and time upon which these Articles of Organization are filed with the Florida Department of State. This Company shall exist perpetually unless dissolved according to law.

## ARTICLE VI - MAILING ADDRESS AND STREET ADDRESS OF THE COMPANY

The mailing address and street address of the Company shall be:

4230 Hospital Dr., Suite 209 Marianna, Florida 32446

# ARTICLE VII - NAME AND STREET ADDRESS OF REGISTERED AGENT

The name of the initial registered agent of the corporation is Lisa Braden. The street address of the registered agent is:

4623 Forest Hill Blvd, Ste 111 West Palm Beach, FL 33415

Orlando S. Muniz

By Roughed M. M. Muniz, T

By: Orlando S. Muniz, Trustee
STATE OF FLORIDA

COUNTY OF JACKSON )

Subscribed, sworn to and acknowledged before me by Louaned M. Muniz and Orlando S.

Subscribed, sworn to and acknowledged before me by Louaned M. Muniz and Orlando S. Muniz, as Trustees of the LOUANED M. MUNIZ REVOCABLE TRUST Dated May 18, 2004 and with proper authority, and Orlando S. Muniz, individually, who are

personally known to me or

presented their driver's license number and , respectively, issued by the State of Florida as their

personal identification on this 15 day of \_\_\_\_\_\_, 2004.

My Commission Expires: 11 − 2 −0 ¬

Notary Public
State of Florida at Large

SHERYL L. PELLING Notary Public, State of Florida My Comm. Expires Nov. 2, 2007 Comm. No. DD 263958

## ACCEPTANCE OF APPOINTMENT BY REGISTERED AGENT

Pursuant to the provisions of Florida Statutes Section 608.415, the undersigned does hereby accept her appointment as registered agent on whom process may be served within the State of Florida and agrees to act in this capacity for the limited liability company named in the foregoing Articles of Organization. The undersigned further agrees 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.

On this 25th day of May, 2004.

Lisa Braden