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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

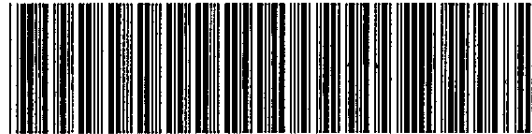
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STATE
TALLAHASSEE, FLORIDA

**WICKENS
HERZER
PANZA
COOK &
BATISTA**

David L. Herzer
Attorney at Law

dherzer@wickenslaw.com

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Main: 440-930-8000
Cleveland: 216-447-4418
Facsimile: 440-937-4466

A LEGAL PROFESSIONAL ASSOCIATION

35765 Chester Road
Avon, OH 44011-1262

August 13, 2004

VIA UPS NEXT DAY AIR
UPS TRACKING NO. N 453 170 328 9

Florida Department of State
Registration Section
Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

RE: Formation of Hampton Park Professional Centre, LLC


Dear Sir or Madam:

Enclosed please find Articles of Organization for the formation of Hampton Park Professional Centre, LLC. Also enclosed is a check in the amount of \$125.00 as the requisite filing fee in this regard.

If you have any questions or comments concerning the enclosed filing, please contact me at any time.

Sincerely yours,

WICKENS, HERZER, PANZA, COOK & BATISTA
A Legal Professional Association


By: David L. Herzer

DLH/MGW/bal
Enclosures

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Hampton Park Professional Centre, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

David L. Herzer, Esq.

(Name of Person)

Wickens, Herzer, Panza, Cook & Batista

(Firm/Company)

35765 Chester Road

(Address)

Avon, OH 44011-1262

(City/State and Zip Code)

For further information concerning this matter, please call:

David L. Herzer, Esq.

(Name of Person)

at (440) 930-8065

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

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

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Hampton Park Professional Centre, LLC

ARTICLE II - Address:

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

Principal Office Address:

1700 McMullen Booth Road

Suite C1

Clearwater, FL 33759

Mailing Address:

1700 McMullen Booth Road

Suite C1

Clearwater, FL 33759

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

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

Ross A. Puzzitiello

Name

1700 McMullen Booth Road, Suite C1

Florida street address (P.O. Box **NOT** acceptable)

Clearwater, FLORIDA 33759

City, State, and Zip

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STATE OF FLORIDA
TALLAHASSEE

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..



Registered Agent's Signature

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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.)

Ross A. Puzzitiello

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)