

08-26-'04 16:18 FROM: JUDD, SHEA ET AL

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Florida Department of State
Division of Corporations
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : JUDD, SHEA, ULRICH, ORAVEC, WOOD & DEAN, P.A.
Account Number : I19980000022
Phone : (941) 955-5100
Fax Number : (941) 953-2485

LIMITED LIABILITY COMPANY

The Longevity Centre of Sarasota, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA**ARTICLE I - Name:**

The name of the Limited Liability Company is:

The Longevity Centre of Sarasota, LLC**ARTICLE II - Address:**

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

Principal Office Address:2000 S. Tamiami TrailSarasota, Florida 34236**Mailing Address:**2000 S. Tamiami TrailSarasota, Florida 34236**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

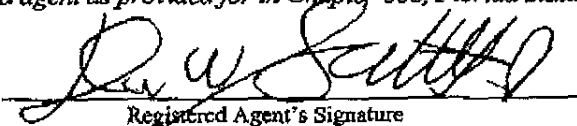
Donald W. Scarlett, Jr., Esq.

Name

Judd, Shea, Ulrich, et al. 2940 S. Tamiami TrailFlorida street address (P.O. Box **NOT** acceptable)SarasotaFLORIDA 34239

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, Florida Statutes..


Registered Agent's Signature

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

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

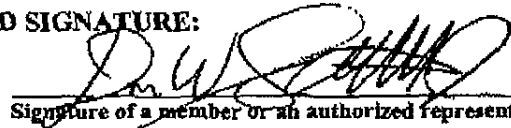
MGR

Gary J. Vogel

(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.)

Donald W. Scarlett, Jr., Esq.

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)

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