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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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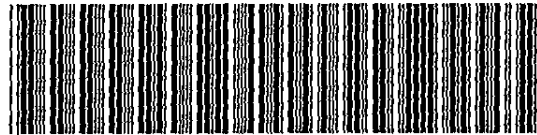
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W05-199861

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05 APR 29 PM 3:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Brumbley APR 29 2005

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: At Infusion Center  
(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:

Michael Visher  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

3611 W. Hillsborough Ave #210  
(Address)

Tampa FL 33614  
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Visher at (720) 231-0278  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|---|---|---|

**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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

April 20, 2005

MICHAEL VISHER  
3611 W HILLSBOROUGH AVE #210  
TAMPA, FL 33614

SUBJECT: A+ INFUSION CENTER  
Ref. Number: W05000019986

We have received your document for A+ INFUSION CENTER and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited liability company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please (850) 245-6025.

Trevor Brumbley  
Document Specialist

Letter Number: 405A00027159

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STATE  
SECRETARY OF  
CORPORATIONS

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

A + In Fusion Center LLC

## ARTICLE II - Address:

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

### Principal Office Address:

3611 W. Hillsborough Ave  
Suite 210  
Tampa FL 33614

### Mailing Address:

Same

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

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

Michael Visher

Name

3611 W. Hillsborough Ave # 210

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

Tampa FL 33614

City, State, and Zip

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TALLAHASSEE, FLORIDA

*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, F.S..*



Registered Agent's Signature

(CONTINUED)

**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:**

MGRM

Vadim Pinhasov  
6027 S. Quatar  
Aurora CO 80015

MGRM

Maxim Guzman  
2435 S. Ireland way  
Aurora CO 80013

MGRM

Michael Visser  
5305 Wind Brush Dr  
Tampa FL 33625

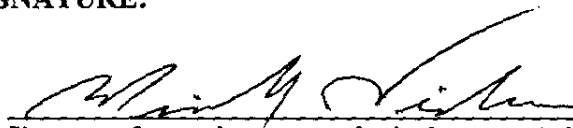
\_\_\_\_\_

\_\_\_\_\_

(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.)

Michael Visser

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FILED

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)