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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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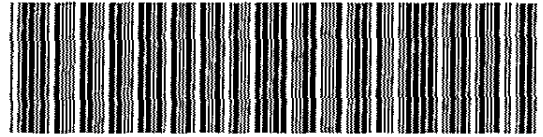
(Business Entity Name)

(Document Number)

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

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2005 JUN 27 PM 2:15  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

JUN 29 2005

**Kimberly Naoumoff**  
**1395 N Courtenay Parkway, #100**  
**Merritt Island, Florida 32953**  
**Naoumoff@hotmail.com**

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

June 29, 2001

Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

Re: Courtenay 100 Medical Office, LLC

Dear Registration Section:

Please file the enclosed Articles of Organization for Florida Limited Liability Company on behalf of Courtenay 100 Medical Office, LLC. We have enclosed a check for \$160.00 to cover the Filing Fee, Designation of Registered Agent, certified copy and Certificate of Status.

Please return all correspondence concerning this matter to the following:

**Terri Brogan, DO**  
**1395 N Courtenay Pkwy, #205**  
**Merritt Island, FL 32953**  
**(321) 453-1955**

Sincerely,



Kimberly Naoumoff

Enclosed: Articles of Organization for Florida LLC and \$160.00 check

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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TALLAHASSEE, FLORIDA

**ARTICLE I – Name:**

The name of the Limited Liability Company is

**Courtenay 100 Medical Office, LLC**

**ARTICLE II – Address:**

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

**Principal Office Address:**

**1395 N Courtenay Parkway, #100  
Merritt Island, FL 32953**

**Mailing Address:**

**1395 N Courtenay Parkway, #100  
Merritt Island, FL 32953**

**ARTICLE III – Registered Agent, Registered Office, & Registered Agent’s Signature:**

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

**Kimberly S. Naoumoff  
c/o Terri-Ann Brogan, DO  
1395 N Courtenay Parkway, #205  
Merritt Island, FL 32953**

*Having been named as registered agent and to accept service of process for the above stated professional 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

**ARTICLE IV – Managers and Managing Members**

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

**Title:**

“MGR” = Manager

“MGRM” = Managing Member

**Name and Address:**

**MGRM**

**Kimberly Naoumoff  
1395 N Courtenay Pkwy, #100  
Merritt Island, FL 32953**

**MGRM**

**Chris Brogan  
1395 N Courtenay Pkwy, #100  
Merritt Island, FL 32953**

**MGR**

**Stephane Naoumoff, MD  
1395 N Courtenay Pkwy, #100  
Merritt Island, FL 32953**

**MGR**

**Terri-Ann Brogan, DO  
1395 N Courtenay Pkwy, #100  
Merritt Island, FL 32953**

  
\_\_\_\_\_  
**Kimberly Naoumoff, Managing 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.)*

**Filing Fees:**  
**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**  
**\$ 30.00 Certified Copy**  
**\$ 5.00 Certificate of Status**

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