

W5.DDD0064965

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



900056191519

06/27/05--01022--007 \*\*155.00

2005 JUN 27 PM 1:00  
SECRET  
FILING OFFICE

W5-64965  
JR

**FOSTER AND FOSTER**  
*Attorneys and Counselors at Law*

DAVID L. FOSTER  
D. WILLIAM FOSTER

555 FOURTH STREET NORTH  
ST. PETERSBURG, FLORIDA 33701-2301

727-822-2013

FACSIMILE  
727-823-2562

E-MAIL  
fosfos@aol.com

MAIL ADDRESS  
POST OFFICE BOX 2911, ST. PETERSBURG, FLORIDA 33731-2911

June 24, 2005

Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Articles of Organization of:  
Florida Medical Prep, LLC

Greetings:

Enclosed are the following:

1. Original and one copy of Articles of Organization.
2. Check payable to the Secretary of State in the amount of \$155.00 to cover filing fees, registered agent fee, and one certified copy of Articles.

Please file these Articles of Organization with the Florida Department of State, and upon approval of the Articles, kindly obtain one certified copy and return the same to us.

Please advise by phone or fax when these Articles of Organization have been approved by the Department of State and the number assigned to it. If you need anything further, please advise by phone or fax.

Very truly yours,

FOSTER AND FOSTER



D. William Foster

DWF/wh  
Enclosures

**ARTICLES OF ORGANIZATION  
OF  
FLORIDA MEDICAL PREP, LLC**

The undersigned hereby adopts these Articles of Organization for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Florida Statutes Chapter 608, and makes, acknowledges and files the following Articles of Organization.

**ARTICLE I - INDEX**

	<u>Page</u>
ARTICLE I - INDEX	1
ARTICLE II - NAME	1
ARTICLE III - ADDRESS	1
ARTICLE IV - INITIAL REGISTERED OFFICE AND AGENT	2
ARTICLE V - DURATION	2
ARTICLE VI - ADDITIONAL CAPITAL CONTRIBUTIONS	2
ARTICLE VII - ADMISSION OF NEW MEMBERS	2
ARTICLE VIII - MEMBERS' RIGHT TO CONTINUE BUSINESS	2
ARTICLE IX - MANAGEMENT	3
ARTICLE X - AMENDMENT	3
ARTICLE XI - REGULATIONS	3

**ARTICLE II - NAME**

The name of the limited liability company shall be:

**FLORIDA MEDICAL PREP, LLC**

**ARTICLE III - ADDRESS**

The mailing address and street address of the principal office of the company is 8093 Perth Drive, Largo, Florida 33773.

SECRETARY OF  
CORPORATIONS  
JUN 27 PM 1:00  
2011

**ARTICLE IV - INITIAL REGISTERED OFFICE AND AGENT**

The street address of the initial registered office of this company shall be **8093 Perth Drive, Largo, Florida 33773**, and the name of the initial registered agent of the company at that address is **KIMBERLY T. STRAUBE**.

**ARTICLE V - DURATION**

The company shall commence its existence on the date these articles of organization are filed by the Florida Department of State and shall continue to exist until the company is dissolved as provided in these articles of organization, or as provided in the regulations.

**ARTICLE VI - ADDITIONAL CAPITAL CONTRIBUTIONS**

Each member shall make additional capital contributions to the company only on the unanimous consent of all the members or as provided in the regulations.

**ARTICLE VII – ADMISSION OF NEW MEMBERS**

Except as set forth in the regulations, no additional members shall be admitted to the company except with the unanimous written consent of all the members of the company and on such terms and conditions as shall be determined by all the members. A member may transfer his or her interest in the company as set forth in the regulations of the company, but the transferee shall have no right to participate in the management of the business and affairs of the company or become a member unless all the members of the company other than the member proposing to dispose of his or her interest approve of the proposed transfer by written consent.

**ARTICLE VIII – MEMBERS' RIGHT TO CONTINUE BUSINESS**

The company shall be dissolved on the death, bankruptcy, or dissolution of a member or manager, or on the occurrence of any other event that terminated the continued membership of a member in the company, unless the business of the company is continued by unanimous vote of all the remaining members.

**ARTICLE IX – MANAGEMENT**

The company shall be managed by a manager in accordance with the regulations adopted by the members for the management of the business and affairs of the company, These regulations may contain any provisions for the regulation and management of the affairs of the company not inconsistent with law or these articles of organization. The name and address of the **INITIAL MANAGER** of the company is **KIMBERLY T. STRAUBE**, whose address is **8093 Perth Drive, Largo, Florida 33773**.

**ARTICLE X - AMENDMENTS**

These Articles of Organization may be amended by the members in the manner provided by law.

**ARTICLE XI - REGULATIONS**

The members may adopt rules and regulations for the management of the business and affairs of the company which are consistent with the laws of the State of Florida and the United States of America, and they shall have the power to alter, amend, or repeal such regulations so long as such action is consistent with law.

**IN WITNESS WHEREOF**, the undersigned organizer has made and subscribed these articles of organization at St. Petersburg, Florida, on this 24 day of June, 2005.

  
KIMBERLY T. STRAUBE

(SEAL)  
ORGANIZER  
JUN 24 PM 1:35  
OFFICE OF STATE  
CLERK  
TALLAHASSEE, FLORIDA

**ACCEPTANCE BY REGISTERED AGENT**

I **HEREBY CERTIFY** that I am familiar with and accept the duties and responsibilities as Registered Agent for said Limited Liability Company beginning this 24 day of June, 2005.

 (SEAL)  
**KIMBERLY T. STRAUBE**  
**REGISTERED AGENT**

STATE OF FLORIDA  
COUNTY OF PINELLAS

I **HEREBY CERTIFY** that on this day, before me, an officer duly authorized in the State and County aforesaid to administer oaths and take acknowledgments, personally appeared KIMBERLY T. STRAUBE, who is personally known to me and known to me to be the persons described in and who executed the foregoing **ARTICLES OF ORGANIZATION** of **FLORIDA MEDICAL PREP, LLC**, as the **Organizer** as the **Registered Agent** of said company, who after being by me first duly sworn deposes and says that the statements contained in said instrument are true and she acknowledged that **she** executed the same freely and voluntarily for the purposes therein expressed.

**WITNESS** my hand and official seal in the County and State last aforesaid this 24 day of **June, 2005**.

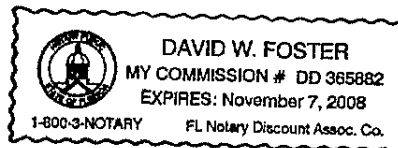
Notary Public: (Signature)

Name: (Print)

My Notary Stamp or Seal:

My Commission Expires :

My Commission Number:



2005 JUN 27 PM 1:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA