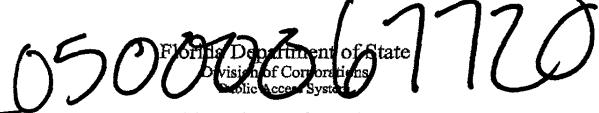
Page 1 of 1



**Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H05000166170 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

. SHUTTS & BOWEN LLD OPERATING ACOUNT

Account Number : 120030000037

Phone

Fax Number

: (561)835-8500

(561)650-8530

မာ့ ယ

## LIMITED LIABILITY COMPANY

SLEEP DISORDERS INSTITUTE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filipa Manu.

Connendo Filinga

Public Access Halp

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name

The name of the Limited Liability Company is:

SLEEP DISORDERS INSTITUTE, LLC

#### **ARTICLE II - Address**

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

Mailing and Street Address:

2750 Meadowood Drive Weston, FL 33332-3438 Attn: Baldev Singh, M.D.

ARTICLE III - Registered Agent and Office

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

Registered Agent:

Corporation Company of Miami

Street Address

250 Australian Ave.

Suite 500 - JAF

W. Palm Beach, Florida 33401

#### ARTICLE IV - Management

The Limited Liability Company is to be managed by one or more Managers and is, therefore, a member-managed company.

Date: July 8 , 2005

SLEEP DISORDERS INSTITUTE, LLC, a Florida limited liability company

James Fayrell, as authorized agent for

Baldev Singh, M.D. Manager

(in sepontance with section 602.402(3), Florido Statutes, the execution of this allidavis constitutes an affilmation under the penalties of purjury that the facts stated herein are true.)

((M05000166170 3)))

### REGISTERED AGENT ACCEPTANCE

Having been named to accept service of process for the above stated limited liability company at the address designated in this certificate pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned hereby agrees to act in this capacity, and further agrees to comply with the provisions of all statutes relative to the proper and complete discharge of its duties.

Corporation Company of Miami

James A. Farrell t Its Vice President

FILING PILES:
\$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)

SECKETARY OF STAL

(((HO5000166170 3)))