(Requestor's Name)	40004364
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	09/06/05010.
Certified Copies Certificates of Status	
Special instructions to Filing Officer:	

Office Use Only



49524

38--A17 **160.A0

ANDREWS & LINS, P.A.

Attorneys and Counselors at Law

711 W. Fletcher Ave. Suite B Tampa, FL 33612 Ph. (813) 964-8005 Fax (813) 964-8006 mike@andrews-lins.com Jana P. Andrews, Esquire D. Michael Lins, Esquire

Taller of St.

August 31, 2005

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

Re: CARROLLWOOD PROFESSIONAL OFFICES L LLC

Ladies/Gentlemen:

Enclosed are the following:

- 1) Articles of Organization for LLC (original and one copy).
- 2) Certificate of Registered Agent.
- 3) Check for \$160.00 payable to Secretary of State

Please file the LLC Articles and Certificate, have a certified copy issued and a certificate of status and return the copy and the certificate to my office.

If you have any questions, please call us at (813) 964-8005. Thank you.

Very truly yours,
D. Michael hims / UR

D. Michael Lins

DML/vr Enclosures

Articles of Organization

for

CARROLLWOOD PROFESSIONAL OFFICES I, LLC (A Limited Liability Company) 7:11.

The undersigned, desiring to form a limited liability company under and pursuant to Florida Statute 608 entitled the Florida Limited Liability Company Act, do hereby adopt the following Articles of Organization for such company:

- Name. The name of this company shall be: CARROLLWOOD PROFESSIONAL 1. OFFICES I. LLC.
- Duration/Continuation. The period of this company's duration shall be perpetual, unless terminated by the unanimous written agreement of all members or as provided in the company's Operating Agreement.
- Address. The mailing address is 4128 W. Linebaugh Avenue, Tampa, Florida 33624. The street address is 4128 W. Linebaugh Avenue, Tampa, Florida 33624.
- Registered Agent and Office. The name and street address of the initial registered agent and office for this company are as follows: Kenneth W. Albert, 4128 W. Linebaugh Avenue, Tampa, Florida 33624.
- 5. Management of Company. The business of the Company shall be managed by the Members. The names and addresses of the Managerial Members are:

Kenneth W. Albert 4218 W. Linebaugh Avenue Tampa, FL 33624

Theresa L. Albert 4218 W. Linebaugh Avenue Tampa, FL 33624

Either Managerial Member shall have authority to act on behalf of the Company.

- Amendment of Articles of Organization. Any amendment to these Articles of Organization shall be on such form prescribed by the Secretary of State of the State of Florida containing such terms and provisions consistent with Florida Statute 608 as shall be prescribed by the Department of State, and shall be signed and sworn to by all Members of the Company. In the event a new Member is added by such amendment, it shall be also signed by the Member to be added.
- 7. Regulations of Company. The power to adopt, alter, amend or repeal the regulations of the limited liability company shall be vested in the Members unless vested in the Manager(s) of the company by any amendments of the Articles of Organization. Regulations adopted by the Members or by the Manager(s) may be repealed or altered, new regulations may

be adopted by the Members, and the Members may prescribe in any regulations made by them that such regulations may not be altered, amended or repealed by the Managers without unanimous Member consent. Members may also enter into such agreements relating to the company, including an Operating Agreement, as Members deem necessary and appropriate.

- 8. <u>Informal Action of Members</u>. Any action of the Members may be taken without a meeting if consent in writing setting forth and authorizing the action so taken shall be signed by all Members who would be entitled to vote upon such action at a meeting.
- 9. <u>Transferability of Member's Interest</u>. An interest of a Member of this company may be transferred or assigned to such extent and in the manner provided in the Operating Agreement.

IN WITNESS WHEREOF, the undersigned Incorporator has hereunto set his hand this 23 day of August, 2005.

Kenneth W. Albert

STATE OF FLORIDA COUNTY OF HILLSBOROUGH

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared Kenneth W. Albert, who executed the foregoing Articles of Organization, and he acknowledged before me that he executed those Articles of Organization. He is () personally known to me or () produced ______ as identification.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this ______ day of August, 2005

Theresa L. Albert
MY COMMISSION # DD155725 EXPIRES
October 7, 2006
BONDED THRU TROY FAIN INSURANCE, INC.

NOTARY PUBLIC, STATE OF FLORIDA Print Name: Theresa L. Albert

My Commission Expires: 10-7-06

CERTIFICATE DESIGNATING REGISTERED AGENT

In pursuance of Chapter 608, Florida Statutes, the following is submitted in compliance 2: 2 with said Act:

That CARROLLWOOD PROFESSIONAL OFFICES I, LLC, desiring to organize under the laws of the State of Florida with its principal office, as indicated in the Articles of Organization, at 4128 W. Linebaugh Avenue, Tampa, Florida 33624, has named Kenneth W. Albert, located at 4128 W. Linebaugh Avenue, Tampa, Florida 33624, as its agent to accept service of process within this state.

ACKNOWLEDGMENT: Having been appointed registered agent, I acknowledge that I am familiar with and accept the obligations as registered agent as designated in Chapter 608, Fla. Stat.

Kenneth W. Albert, Registered Agent

Date: August ____ 23___, 2005

STATE OF FLORIDA COUNTY OF HILLSBOROUGH

BEFORE ME, a Notary Public authorized to take acknowledgments in the State and County set forth above, personally appeared KENNETH W. ALBERT, who executed the foregoing Certificate, and he acknowledged before me that he executed the Certificate. He is personally known to me or produced _______ as identification.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, in the State and County aforesaid, this ______ day of August, 2005.

Theresa L Aibert

MY COMMISSION # DD155725 EXPIRES

October 7, 2006

BONDED THRU TROY FAIN INSURANCE, INC

NOTARY PUBLIC, STATE OF FLORIDA Print Name: Theresa L. Albert

My Commission Expires: 10-7-06