

L05000106272

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

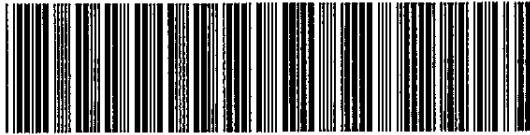
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Office:

SK

Office Use Only



300060750373

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05 NOV - 1 PM 4:18

FILED

05 NOV - 1 PM 12:52

FILED



INCORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 682762 7207A

AUTHORIZATION : *Patricia Pizot*

COST LIMIT : \$ 155.00

FILED
05 NOV - 1 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : November 1, 2005

ORDER TIME : 11:24 AM

ORDER NO. : 682762-005

CUSTOMER NO: 7207A

DOMESTIC FILING

NAME: MCC MEDICAL VENTURES, L.L.C.

EFFECTIVE DATE:

____ ARTICLES OF INCORPORATION
____ CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
____ PLAIN STAMPED COPY
____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap - EXT. 2951

EXAMINER'S INITIALS: _____

FILED
05 NOV - 1 PM 4:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
MCC MEDICAL VENTURES, L.L.C.**

The undersigned, as the authorized representative of the initial member of MCC MEDICAL VENTURES, L.L.C., a Florida limited liability company formed hereunder (the "Company"), on behalf of the members of the Company, hereby forms a limited liability company under the laws of the State of Florida.

**ARTICLE I
COMPANY NAME**

The name of the company is MCC MEDICAL VENTURES, L.L.C.

**ARTICLE II
COMMENCEMENT AND TERM OF EXISTENCE**

In accordance with Section 608.409(1) of the Florida Limited Liability Company Act (the "Act"), the term of existence of the Company shall commence upon the filing of these executed Articles of Organization with the Florida Department of State, and shall continue perpetually, unless otherwise dissolved pursuant to the Operating Agreement (or Limited Liability Company Agreement) of the Company.

**ARTICLE III
MAILING ADDRESS AND STREET ADDRESS OF COMPANY**

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

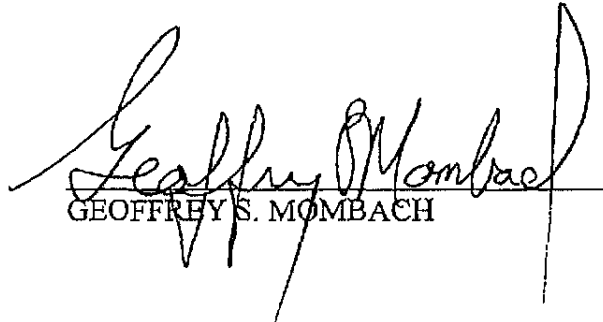
MCC MEDICAL VENTURES, L.L.C.
340 Palm Island SE
Clearwater, Florida 33767

ARTICLE IV
REGISTERED AGENT AND REGISTERED AGENT ADDRESS

The registered agent and the street address of the registered agent of this Company in the State of Florida shall be:

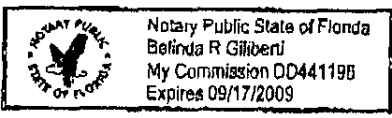
Geoffrey S. Mombach, Esq.
Mombach, Boyle & Hardin, P.A.
500 East Broward Boulevard
Suite 1950
Fort Lauderdale, Florida 33394

IN WITNESS WHEREOF, the undersigned being the authorized representative of the initial member of the limited liability company hereby executes these Articles of Organization, this 1st day of November, 2005.


GEOFFREY S. MOMBACH

STATE OF FLORIDA)
COUNTY OF BROWARD)

The foregoing instrument was acknowledged before me this 15th day of November, 2005, by GEOFFREY S. MOMBACH, who ☒ is personally known to me or who ☐ has produced a Florida driver's license as identification.

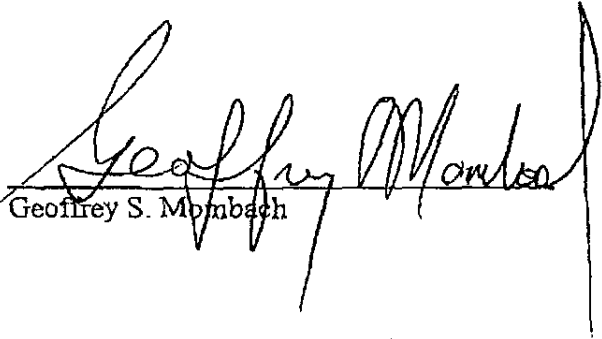


A stylized, handwritten signature in dark ink, likely belonging to the notary public.

Notary Public - State of Florida
My Commission Expires: September 1, 2009
Commission Number: DD 441198

Having been named as registered agent and to accept service of process for the above 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.

DATED this 1st day of November, 2005.



Geoffrey S. Mombach