

L05000108255

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

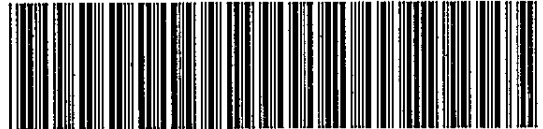
(Document Number)

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

Special Instructions to Filing Officer:

*(Handwritten signature)*  
11/8/05

Office Use Only



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11/07/05--01015 --023 \*\*130.00

05 NOV -7 PM 2:42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

2500 N. Military Trail # 260, Boca Raton, Florida 33431  
Tel (561) 953-1050 • Fax (561) 953-1940

**Goldstein, Levy &  
Helmer, PA**

November 1, 2005

Registration Section  
Divisions of Corporations  
PO Box 6327  
Tallahassee, FL 32314

**Re: TEAM PARAMEDIC, LLC**

We are enclosing a check in the amount of \$130 as *filing fees for the Florida Limited Liability Company*. The Transmittal Letter and Articles of Organization is filled out and signed.

All correspondence should be through our office. Thank you.

Sincerely,

*Barbara P. Schwartz*

Barbara P. Schwartz

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** TEAM PARAMEDIC, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Barbara P. Schwartz  
(Name of Person)

Arnold S. Goldstein & Associates  
(Firm/Company)

2500 N. Military Trail # 260  
(Address)

Boca Raton, FL 33431  
(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara P. Schwartz at ( 561 ) 953-1050  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

**Mailing Address**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street/Courier Address**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

SECRETARIAT OF STATE  
TALLAHASSEE, FLORIDA

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PAID AND FILED

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

TEAM PARAMEDIC, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

**ARTICLE II - Address:**

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

Principal Office Address:

Mailing Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9509 New Waterford Cove  
Delray Beach, FL 33446  
\_\_\_\_\_

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Steven H. Katz

Name

9509 New Waterford Cove

Florida street address (P.O. Box **NOT** acceptable)

Delray Beach

FL 33446

City, State, and Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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APPROVED  
AND  
FILED

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

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Steven H. Katz

9509 New Waterford Cove

Delray Beach, FL 33446

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

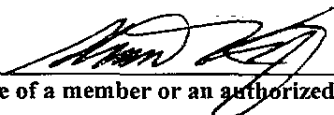
\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a 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.)

Steven H. Katz

Typed or printed name of signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 NOV -7 PM 2:43

APPROVED  
AND  
FILED

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)