

205000117691

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

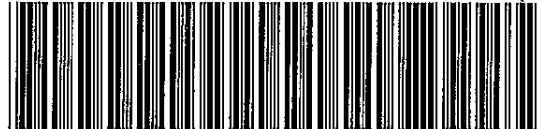
(Business Entity Name)

(Document Number)

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

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05 DEC 15 AM 8:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

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05 DEC 15 AM 8:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CONTACT: TRICIA TADLOCK

DATE: 12-15-05

REF. #: 000409.45723

CORP. NAME: NPM, LLC

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION                | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT                            | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME         |
| <input type="checkbox"/> FOREIGN QUALIFICATION                    | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input type="checkbox"/> LIMITED LIABILITY       |
| <input type="checkbox"/> REINSTATEMENT                            | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL              |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION              |   |  |
| <input checked="" type="checkbox"/> OTHER: ARTICLES OF CORRECTION |   |  |

STATE FEES PREPAID WITH CHECK# 515307 FOR \$ 55.00.

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

**ARTICLES OF CORRECTION  
FOR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

Pursuant to section 608.4115, F.S., this document is being submitted within the required 30 business days to correct the attached articles of organization or application to transact business in Florida.

**FIRST:** The name of the limited liability company is:  
NPM, LLC

**SECOND:** The articles of organization or the application to transact business

**(CHECK THE APPROPRIATE BOX AND COMPLETE THE APPLICABLE STATEMENT)**

- ☒ Contains an incorrect statement. The incorrect statement, the reason the statement is incorrect, and the corrected statement are as follows:  
Incorrect Statement: "ARTICLE V: - Manager(s) or Managing Member(s): The name and address of each

Member is as follows;" Reason: Should be Manager not Member

Correct Statement: ARTICLE V: - Manager(s) or Managing Member(s): The name and address of each

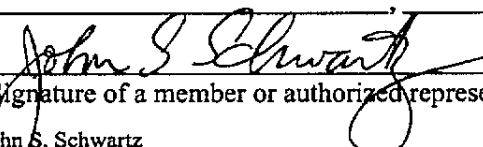
Manager is as follows:

**OR**

- ☐ Was defectively signed. The manner in which the document was defectively signed and the appropriate correction are as follows:

Dated: December 14

2005

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
John S. Schwartz

\_\_\_\_\_  
Typed or printed name of signee

Filing Fee: **\$25.00**  
Certified Copy: **\$30.00 (optional)**

**FILED**  
DEC 15 AM 8:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
OF  
NPM, LLC**

**ARTICLE I: - Name**

The name of the Limited Liability Company is: **NPM, LLC**

**ARTICLE II: - Address**

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

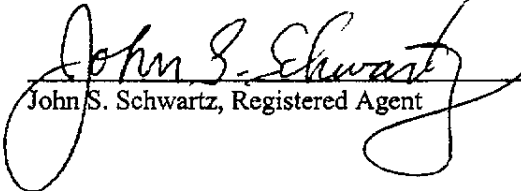
5 Monteray Pointe Drive  
Palm Beach Gardens, Florida 33418

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

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

**John S. Schwartz  
c/o Akerman Senterfitt  
One S.E. Third Avenue  
28<sup>th</sup> Floor  
Miami, Florida 33131**

*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.*

  
John S. Schwartz, Registered Agent

**ARTICLE IV: - Management**

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

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**ARTICLE V: - Manager(s) or Managing Member(s):**  
The name and address of each Member is as follows:

MGR

Neil P. Morandi, M.D.  
5 Monteray Pointe Drive  
Palm Beach Gardens, Florida 33418

  
\_\_\_\_\_  
John S. Schwartz, Authorized Signer

(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.)

\_\_\_\_\_  
John S. Schwartz  
Typed or printed name of signee

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