

L05000 118525

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

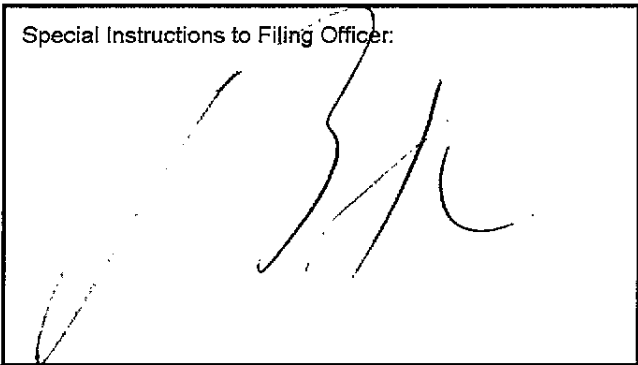
PICK-UP WAIT MAIL

(Business Entity Name)

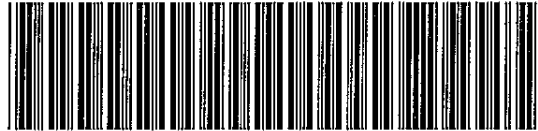
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:



Office Use Only



400061846224

12/13/05--01040--004 **155.00

FILED

05 DEC 13 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

05 DEC 13 AM 11:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

SLM Turbo Investments, LLC

FILED
05 DEC 13 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

- Art of Inc. File _____
- LTD Partnership File _____
- Foreign Corp. File _____
- L.C. File _____
- Fictitious Name File _____
- Trade/Service Mark _____
- Merger File _____
- Art. of Amend. File _____
- RA Resignation _____
- Dissolution / Withdrawal _____
- Annual Report / Reinstatement _____
- Cert. Copy _____
- Photo Copy _____
- Certificate of Good Standing _____
- Certificate of Status _____
- Certificate of Fictitious Name _____
- Corp Record Search _____
- Officer Search _____
- Fictitious Search _____
- Fictitious Owner Search _____
- Vehicle Search _____
- Driving Record _____
- UCC 1 or 3 File _____
- UCC 11 Search _____
- UCC 11 Retrieval _____
- Courier _____

Signature _____

Requested by:

WI *12/13* *11:00*
Name Date Time

Walk-In _____

Will Pick Up _____

FILED
05 DEC 13 PM 2:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
SLM TURBO INVESTMENTS, L.L.C.**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Act, F.S. Chapter 608, hereby makes, acknowledges and files the following Articles of Organization.

ARTICLE I - NAME

The name of the limited liability company (the "Company") shall be SLM Turbo Investments, L.L.C.

ARTICLE II - DURATION

The limited liability company shall have perpetual duration.

ARTICLE III - PRINCIPAL PLACE OF BUSINESS AND ADDRESS

The principal place of business and the address of the Company shall be 515 E. Garden Street, Lakeland, Florida 33805 and its mailing address is the same.

ARTICLE IV - PURPOSES AND POWERS

The general purpose for which the Company is organized is to transact any lawful business for which a limited liability company may be organized under the laws of the State of Florida in connection therewith. The Company shall have all the powers granted to a limited liability company under the laws of the State of Florida.

ARTICLE V - REGISTERED OFFICE AND AGENT

The name of the registered agent of the Company in the State of Florida is Jonn D. Hoppe, and its address is 225 East Lemon Street, Suite 300, Lakeland, Florida 33801.


ARTICLE VI - MANAGEMENT

The Company shall be manager-managed, and the name of the initial Managers are Lance R. Meyerson, M.D., whose address is 515 E. Garden Street, Lakeland, Florida 33805, and Ratnamani Lingamallu, M.D., whose address is 515 E. Garden Street, Lakeland, Florida 33805. The signature of a Manager of the Company signing on behalf of the Company may be relied on as sufficient evidence of the action of the Company and that such action has been authorized by the consent of the Members as provided in the Operating Agreement.

ARTICLE VII - OPERATING AGREEMENT

The Members of the Company shall hereafter adopt an Operating Agreement setting forth all the terms, provisions, conditions and covenants by which the Company will be governed. The power to adopt, alter, amend or repeal the Operating Agreement shall be vested in the Members of the Company as further set forth in the Operating Agreement.

IN WITNESS WHEREOF, the undersigned, as organizer, hereby executes these articles of organization this 12 day of December, 2005.



Jonn D. Hoppe
Organizer

STATE OF FLORIDA
COUNTY OF POLK

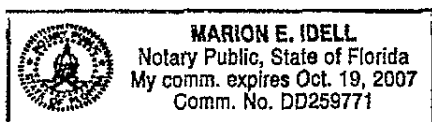
Before me, the undersigned authority, an officer duly authorized to administer oaths and take acknowledgments, personally appeared Jonn D. Hoppe, who is personally known to me or who has produced _____ as identification.

WITNESS my hand and official seal this 12 day of December, 2005.

(NOTARIAL SEAL)



Notary Public
My Commission Expires:



ACCEPTANCE

Having been named to accept service of process for SLM Turbo Investments, L.L.C. at the place designated as stated in these Articles of Organization, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the duties and obligations of Chapter 608, Florida Limited Liability Company Act.

DATED this 12 day of December, 2005.



Jonn D. Hoppe
Registered Agent