## Florida Department of State

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

v<sup>9f</sup> I. Verifyer

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone

Fax Number

: (305)634-3694 : (305)633-9696

LIMITED LIABILITY COMPANY

AARON E. LONG, M.D., LLC

Name Availabili <b>ty</b>		Certifica Certified	Certificate of Status Certified Copy Page Count		2005 DEC 30 SECRETARY TALLAHASSE	
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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - NAME OF LIMITED LIABILITY COMPANY:

AARON E. LONG, M.D., LLC

ARTICLE II - MAILING ADDRESS AND STREET ADDRESS OF LIMITED LIABILITY COMPANY:

2547 ARBORWOOD DRIVE VALRICO, FLORIDA 33594

### ARTICLE III - REGISTERED AGENT'S NAME, OFFICE ADDRESS, AND SIGNATURE:

MICHAEL J. KIERZYNSKI 5143 COMMERCIAL WAY SPRING HILL, FLORIDA 34606

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, FLORIDA STATUTES.

DATED: 12/30/05

REGISTERED AGENT

#### ARTICLE IV - MANAGEMENT:

THE LIMITED LIABILITY COMPANY IS TO BE MANAGED BY ONE MANAGER ON MORE MANAGERS AND IS, THEREFORE, A MANAGER-MANAGED COMPANY NAMES AND ADDRESSES SPECIFIED BELOW.

1) AARON E. LONG, 2547 ARBORWOOD DRIVE, VALRICO, FLORIDA 32594

ARTICLE V - EFFECTIVE DATE :

THE EFFECTIVE DATE OF THIS CORPORATION SHALL BE DECEMBER 30, 2005

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EMPIRE

DATED: 12/30/05

SIGNATURE OF MEMBER OR AUTHORIZED REPRESENTATIVE OF A MEMBER

IN ACCORDANCE WITH SECTION 608.408(3), FLORIDA STATUTES, THE EXECUTION OF THIS DOCUMENT CONSTITUTES AN AFFIRMATION UNDER PENALTIES OF PERJURY THAT THE PACTS STATED HEREIN ARE TRUE.

FILED

2005 DEC 30 A D 56

SECRETARY OF STATE

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