

LD6000034755

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H06000084365 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

RECEIVED
06 APR -3 AM 6:25
DIVISION OF CORPORATIONS

Division of Corporations
Fax Number : (850)205-0383
Account Name : DAVID FONG
Account Number : I20020000037
Phone : (407)894-1557
Fax Number : (407)895-1357

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Labdoc, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

Handwritten signature/initials

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 APR -3 AM 8:26

3/29/2006

APPROVED
AND
FILED

(H06000084365 3)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name of Limited Liability Company:

Labdoc, LLC

ARTICLE II - Principal & Mailing Address:

1221 E. Robinson St.
Orlando, Florida 32801

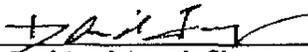
ARTICLE III. - Registered Agent, Registered Office, & Registered Agent's Signature:

David Fong
Name

1221 E. Robinson Street
Florida Street Address

Orlando, Florida 32801
City, State, Zip

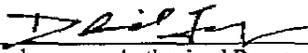
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statues 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.

 3/31/06
Registered Agent's Signature Date

ARTICLE IV - Management:

The Limited Liability Company is to be managed by a manager and the name and address of such manager who is to serve as manager is:

Cognoscenti Health Institute, LLC 1221 E. Robinson St., Orlando, FL 32801

 3/31/06
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.)

David Fong

Typed or Printed Name of Signee

(H06000084365 3)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 APR -3 AM 8:26

APPROVED
AND
FILED