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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

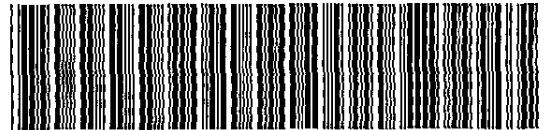
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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
06 MAY -5 PM 2:00

J. BRYAN MAY - 9 2006



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 17, 2006

SOBOL PROPERTY MANAGEMENT  
4660 SHERIDAN STREET  
HOLLYWOOD, FL 33021

SUBJECT: MED SCRUBS LLC  
Ref. Number: W06000017707

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SECRETARY OF CORPORATIONS  
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Upon receipt of your letter and/or check(s) totaling \$160.00, no document was found. Please send your document with any fees due to:

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Please return a copy of this letter to ensure your money is properly credited.

Your check is being returned, please send back with your completed document.,

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan  
Document Specialist

Letter Number: 506A00025254

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: MED SCRUBS, 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:

Ephraim Sobol  
(Name of Person)

Sobol Enterprises, LLC  
(Firm/Company)

4600 Sheridan St., Suite 203  
(Address)

Hollywood, FL 33021  
(City/State and Zip Code)

FILED STATE  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
08 MAY - 5 PM 2:00

For further information concerning this matter, please call:

Ephraim Sobol at (954) 981-1661  
(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
MAY - 5 PM 2:00

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

MED SCRUBS, 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:**

4600 Sheridan St.  
Suite 203  
Hollywood, FL 33021

**Mailing Address:**

c/o Sobol Enterprises, LLC  
4600 Sheridan St., Suite 203  
Hollywood, FL 33021

**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:

Ephraim Sobol  
Name

4600 Sheridan St., Suite 203  
Florida street address (P.O. Box **NOT** acceptable)

Hollywood, FL 33021  
City, State, and 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 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)

Page 1 of 2

**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

Sobol Enterprises, LLC  
4600 Sheridan St, Suite 203  
Hollywood, FL 33021

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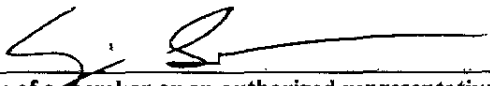
(Use attachment if necessary)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
MAY -5 PM 2:00

**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.)

Ephraim Sobol  
\_\_\_\_\_  
Typed or printed name of signer

**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)