

DJun. 9, 2006 10:01AM

No. 3429 P. 1 of 1

W06000059487

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.

(((H06000154200 3)))

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

To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : MORAN & SHAMS, P.A.
Account Number : I20000000003
Phone : (407)841-4141
Fax Number : (407)841-4148

FLORIDA/FOREIGN LIMITED LIABILITY CO.

FLORIDA CHILD NEUROLOGY, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

2006 JUN -9 AM 9:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

RECEIVED
06 JUN -9 AM 10:26
DIVISION OF CORPORATIONS

Electronic Filing Menu

Corporate Filing Menu

Help

W06-59487
al

Jun. 22. 2006 11:27AM

No. 3542 P. 3

((E06000154200 3)))

**ARTICLES OF ORGANIZATION
OF
FLORIDA CHILD NEUROLOGY, PLLC**

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 JUN -9 AM 9:11

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 621, hereby makes, acknowledges, and files the following Articles of Organization.

ARTICLE I

Name. The name of the limited liability company shall be FLORIDA CHILD NEUROLOGY, PLLC ("Company"). This organization is being formed to provide professional neurological services.

ARTICLE II

Address. The mailing address and street address of the principal office of the Company shall be 226 Sage Crest Drive, Ocoee, Florida 34761.

ARTICLE III

Duration. The Company shall commence its existence on the date these Articles of Organization are filed by the Florida Department of State. The Company's existence shall be perpetual unless the Company is earlier dissolved as provided in the operating agreement of the Company.

ARTICLE IV

Initial Registered Office and Agent. The street address of the initial registered office of the Company is 111 North Orange Avenue, Suite 1200, Orlando, FL 32801 and the name of the initial registered agent of the Company at that address is THOMAS P. MORAN.

ARTICLE V

Management. The Company shall be managed by a manager or managers in accordance with an operating agreement adopted by the members for the management of the business and affairs of the Company. The operating agreement may contain any provisions for the regulation and management of the affairs of the Company not inconsistent with law or these Articles of Organization. The name and address of the initial manager(s) of the Company is/are:

NAME

ADDRESS

Carl R. Barr

226 Sage Crest Drive
Ocoee, Florida 34761

((E06000154200 3)))

Jun. 22. 2006 11:27AM

No. 3542 P. 4

((H06000154200 3)))


IN WITNESS WHEREOF, the undersigned does set his hand and seal and has acknowledged and filed the foregoing Articles of Organization under the laws of the State of Florida this 8 day of June, 2006



Thomas P. Moran
Authorized Representative

STATE OF FLORIDA
COUNTY OF ORANGE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State and County aforesaid to take acknowledgments, personally appeared THOMAS P. MORAN, to me personally known to be the person described in and who executed the foregoing Articles of Organization and he acknowledged before me that he executed the same.

 WITNESS my hand and official seal in the County and State last aforesaid this day of June, 2006.


NOTARY PUBLIC

June M. Reckert
Commission # DD403485
Expires May 30, 2009
Sandra Toy-Pan - Notary, Inc. 800-365-7075

((H06000154200 3)))

Jun. 22, 2006 11:27AM

No. 3542 P. 5

((H06000154200 3)))

06 JUN -9 AM 9:11
SECRETARY OF STATE
DIVISION OF CORPORATIONS

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

FLORIDA CHILD NEUROLOGY, PLLC

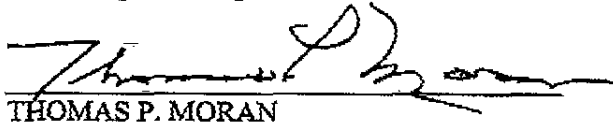
PURSUANT TO THE PROVISIONS OF SECTION 621, FLORIDA STATUTES, THE
UNDERSIGNED SUBMITS THE FOLLOWING STATEMENT ACCEPTING APPOINTMENT
AS REGISTERED AGENT IN THE STATE OF FLORIDA:

1. The name of the limited liability company is FLORIDA CHILD NEUROLOGY, PLLC
2. As designated in the Articles of Organization filed with this certificate, the name and the Florida street address of the registered agent is:

THOMAS P. MORAN
111 North Orange Avenue, Suite 1200
Orlando, Florida 32801

3. The street address of the registered office and the street address of the business office of the registered agent are identical.

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.


THOMAS P. MORAN

June 8th, 2006