

JUL-18-2006 10:45

CAMNER, LIPSITZ AND POLLER

305

2 2389

P.01

LOG 0000-71304

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.

((H06000182638 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 : CAMNER, LIPSITZ AND POLLER, PROFESSIONAL ASSOCIATION  
Account Number : 075410001634  
Phone : (305)442-4994  
Fax Number : (305)442-2389

RECEIVED  
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

06 JUL 18 AM 8:41

FILED

FLORIDA/FOREIGN LIMITED LIABILITY CO.

SUNSET WEST MEDICAL CENTER FUNDING, LLC

Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

Electronic Filing Menu

Corporate Filing Menu

Help

Audit No. H06000182638 3

**ARTICLES OF ORGANIZATION  
OF  
SUNSET WEST MEDICAL CENTER FUNDING, LLC**

The undersigned hereby forms a limited liability company under the Florida Limited Liability Company Act and adopt as the Articles of Organization of such limited liability company the following:

I. The name of the limited liability company:

**SUNSET WEST MEDICAL CENTER FUNDING, LLC (the "Company")**

II. The period of its duration:

Perpetual effective from the date of filing of these Articles of Organization with the Secretary of State of the State of Florida.

III. The purpose for which the limited liability company is organized:

The Company shall have unlimited power to engage in and do any lawful act concerning any or all lawful businesses for which limited liability companies may be organized according to the laws of the State of Florida, including all powers and purposes now and hereafter permitted by law to a limited liability company.

IV. A. The mailing address of the principal place of business in Florida:

999 Ponce de Leon Boulevard - Suite 1000  
Coral Gables, Florida 33134

B. The name and address of the Company's initial Registered Agent is:

Marc Lipsitz  
550 Biltmore Way - Suite 700  
Coral Gables, Florida 33134

V. Management of the Company is reserved to the Members. The names and addresses of the Members and their respective Percentage of Interest of each Member are:

<u>Name</u>	<u>Address</u>	<u>Percentage of Interest</u>
Thomas P. Carlos Managing Member	999 Ponce de Leon Boulevard #1000 Coral Gables, Florida 33134	50%
Peter T. Carlos Managing Member	999 Ponce de Leon Boulevard #1000 Coral Gables, Florida 33134	50%

FILED  
 06 JUL 18 AM 8:41  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Audit No. H06000182638 3

Audit No. H06000182638 3

VI. Additional Members may be admitted at such times and on such terms and conditions as the Members may agree and as provided in the Operating Agreement of the Company.

VII. The Company shall continue its business upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member or occurrence of any other event which terminates the continued membership of a Member in the Company.

IN WITNESS WHEREOF, the undersigned, an authorized representative of **SUNSET WEST MEDICAL CENTER FUNDING, LLC** has executed these Articles of Organization this 18th day of July, 2006.

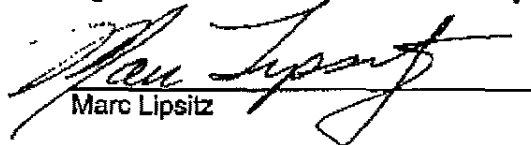
**AUTHORIZED REPRESENTATIVE**BY: 

Name: Marc Lipsitz

Title: An Authorized Representative

**ACKNOWLEDGMENT OF REGISTERED AGENT**

The undersigned, having been named as Registered Agent for **SUNSET WEST MEDICAL CENTER FUNDING, LLC**, at the place designated in these Articles of Organization, hereby agrees to act in such capacity and to comply with the provisions of law in relation thereto. The undersigned is familiar with the obligations of a Registered Agent under the Florida Limited Liability Company Act.

  
Marc Lipsitz06 JUL 18 AM 8:41  
SECRET  
STATE  
FLORIDA  
FILED

Audit No. H06000182638 3